icharason

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee;" "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis Chronie interstitial nephritte	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance; Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-	sct act	¹PL.
(M)	PHY EX	/ County.

ACE OF DEATH

Anna Arundel

13990

STATE OF MARYLAND CERTIFICATE OF DEATH

Villana an Cir	_{ty} Jessup	(N.Marv	land Ho	use of Correc		ist. No.
~	ull NAME Wri				St. Ward)	a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSO	NAL AND STATIST	CAL PARTICU	LARS	MEDICAL	L CERTIFICATE O	F DEATH
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Single	December	(Month) 30	, 192 , (Day)1931 (Year)
6 DATE OF BI			., 1(Year)	Sept. 15, 19	Pale to Dec	nded the decessed from 30, 1931, 192,
(b) General business, or	nature of industry establishment in	Labore:		The CAUSE OF DEATH Pulmonary To	* was as follows: uberculosis	above, at 8, 22AM m.
9 BIRTHPLAC (State or c				Contributory	(Durstion)	
10 NAME FATHER 11 BIRTHP OF FAT	OF R 11			(Signed) 26/3 Dec 30 193/	(Address) (Address)	wh ma
	or country) N NAME					als, Institutions, Trans-
	rHER or Country) It			At place of death	20ds. In the State	yrsds.
(Informag	1/ 1/2	Taus My Ms.	DGE ,	Former or usual residence	Ridgely, M	DATE OF BURIAL
15 Filed De	03/ 198/10	ard My h	asluf	20 UNDERTAKER	700	ADDRESS

If more bianks are needed, address State Registrar, 16 W. Sazztoga St., Balto., Requesting V. S. No. 1.

WRITE PL

20

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully emfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid stated unless important. Example: Measles (disease or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. (secondary or intercurrent) affection need not be Whooping cough; Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was under-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The Always qualify all contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Mistalup

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1	PLACI	E OF	DEA	TH
	LAC	_ ~ !		

County Anne Arundel

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

-	-	-		
12	-(E.)	
1	1	0	/	

ADDRESS

125 Doris Avest: Ward) Village or City Brooklynn (No. (If death occurred in hospital or institution, give its NAME in-Sarah R. Aims ² FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, 3 SEX MARRIED. WIDOWED Female White or Divorce arried Month) (Write the word) CERTIFY, That I attended the deceased 6 DATE OF BIRTH Apr. 13 ;906 (Year) and that death occurred on the date stated above, at /. 2 (Month) (Day) 7 AGE If LESS than day hrs. ...25....yrs..8......mos.0......ds.lor.... min. ? 8 OCCUPATION (a) Trade, profession or particular kind of work..... Housework. (b) General nature of industry (Duration) ... business, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) Prince George Co. Md 10 NAME OF FATHER John Williams 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. ENT OF FATHER Md. (State or country) 2 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER 4 Margaret Williams ients, or Recent Residents) IS BIRTHPLACE In the OF MOTHER State.....vrs.....mos.... Md. (State or country) Where was disease contracted, if not at place of death?.. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or (Informant) Mrs . Williams usual residence DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL Brooklynn Md.

if more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requestive V. S.

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer state occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Servant, Qook, to report specifically the occupations of persons enworked on may form part of the second statement (a) Foreman, (b) Automobile factory. 1. hatever, write None. tired (yrs.). Housemuid, etc. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed The material (3.6)

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

quences (e. g., sepsis, tetanus) may be stated under the ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles;(name orlgin; "Cancer" is less definite; avoid myes, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Poisoned by curbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"PUERPERAL septicacmia." "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," (secondary or intercurrent) affection need not be Whooping cough; Nomenclature of the American Medical Association.) of "contributory." (Recommendations on state-For VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) Chronic valvular heart disease; The na-(second-

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1932

	/	PLACE OF DEATH		1399
		County anni arundal		
		0		82-0
	Vil	llage or City SSUM (No. Ma	ryland I	louse of
200		EFULL NAME Masslva	ll Ba	mes
	-	PERSONAL AND STATISTICAL PARTIC	ULARS	
	35	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCE (Write the work)	ingle	Deces
	6 [DATE OF BIRTH	ıW1	Decem
		(Month) (Day)	(Year)	that I last say
	7 A	AGE	If LESS than I day hrs.	
0		32 yrs	ormin.?	CERL
200	KP P	OCCUPATION (a) Trade, profession or unline particular kind of work	or.	***************************************
rant	1	(b) General nature of industry business, or establishment in which employed or (employer)		3.4
	9 E	BIRTHPLACE (State or country)		Contribute Secondar
104		10 NAME OF / 1		(Signed) TO
0	RENTS	11 BIRTHPLACE OF FATHER (State or country)		*State Violent Ca
	PARE	12 MAIDEN NAME / / OF MOTHER		Accidental,
		13 BIRTHPLACE OF MOTHER (State or Country)		At place of deathyr
	14	(Informant) I ROLL TO THE BEST OF MY KNOW	EDGE	if not at place Former or usual residence
		(Address) Issuls.		Baltim
'	15	Topologia 2 Vallery M. H.	an vul	20 UNDERTA

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Correction Ward)	tion, give its NAME In-
	number.)

2	number.)
	MEDICAL CERTIFICATE OF DEATH
7	16 DATE OF DEATH
	December (Month)/2 (Day) (Y/4/3)
	I HEREBY CERTIFY, That I attended the deceased from
***	that I last saw halive on, 192
an	and that death occurred on the date stated above, atm
re.	THOCAUSE OF DEATH was to follows: OEINANTEMONAGE
-	Contributory atterno fluorosis
	(Signed) KOESWIN TO NAME OF MOS. do
	Nec /2 193/ (Address) Charlin
_	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
_	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds
-	Where was disease contracted, if not at place of death?
	Former or usual residence
-71	

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

Every item of I

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V. S. No. 1

OCCUPA-

		STA	TE OF	MAR	YLAND-	CERTIFICATE OF DEATH
2.	PLACE OF	DEATH				(167)
	County	Anne An	rundel			Registration Dist. No.
	Village or C	ity Me	govist	a	(1)	NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of resi	dence in city or to	own where death	occurred		sds. How long in U.S. if of foreign birth? yrsmosds.
2.	-		f		Barrett	
	(a) Residen	ce: No		(Usual place	of abode)	St., Ward. If nonresident give city or town and State
-	PERSON	AL AND ST	TATISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SE	Male	4. color or Whi	te 5.	SINGLE, MAR OR DIVORCE SINE	RIED, WIDOWED,	21. DATE OF DEATH December 24 (Month) (Pay) (Yaar)
5a. I	f married, widow HUSBAND of (or) WIFE of	ed, or divorced				22. I HEREBY CERTIFY. That I attended deceased from
6. D.	ATE OF BIRTH	month, day, and)	year) Ja:	nuary	26,1884	I last saw h alive on, 19; death is said
7. A			Months	Days	If LESS than 1 dayhrs.	to have occurred on the date stated above, atm,
	4	7	10	28	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
NOI	kind of v	ssion, or particula vork done, as SPI BDDKKEEPER, e	INNER,	Lε	borer	
UPATION	work wa	business in which s done, as SILK & L, BANK, etc	IILL,		· · · · · · · · · · · · · · · · · · ·	
OCCU	10 Date deceas this occu	ed last worked a pation (month an	t	\$p3	ime (years) nt in this upation	
12. 1	BIRTHPLACE (ci	ty or town)	Baltim	ore C	ity, Md.	Dther Contributory Canses of importance:
2	13. NAME		am M.	Barre	tt	
무 -	14. BIRTHPLACE					Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
HER	15. MAIDEN NA		ry Tol	son		and the state of t
		(city or town)	Anne	Arun	del Co.,	Accident, suicide, or homicide? Suicide Date of injury 12/24, 1931. Where did injury occur? St. his home Magovista.

16. BIRTHPLACE (city or town State or country

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

Registrar.

Manner of injur Nature of injury

If so, specify oroner

Where did injury occur? 2t his home Megovista (Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deccased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nonbritta (1932)	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURRAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributes and C.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING
TINFADING INK—THIS IS A PERMANEN

1	County County	Registration Dist. No. 21
	Villago or City Anna Polis, June V	
	(If	death occurred in a hospitalor institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmos.
2.	FULL NAME IS DOCK Be	nnll
	(a) Residence: No. 6 (Of Mac. (Usual place of abode)	St., Ward. If nonresident give city or town and State
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	rale colored OR DIVORCED (write this word)	21. DATE OF DEATH (Month) (Day) (Yea
5a. I	If married, widowed, or divorced HUSBAND of (or) WIFE of Salah Bannetty	22. I HEREBY CERTIFY. That I atlended deceased
6. D	ATE OF BIRTH (month, day, and year) Jan, 4 1904	I tast saw h ative on; death is
7. A	GE Years. Months Days If LESS than	to have occurred on the date stated above, at
	27 // lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
Z	8. Trade, profession, or particular kind of work done, as SPINNER, P. L.	(A 0 0 0
ATTI	9. Industry or business in which	Usuanda Amen
9	work was done, as StLK MILL, SAW MILL, BANK, etc	
90	10. Dato deceased last worked at this occupation (month and spent in this	
7	yaar) occupation	Other Contributory Causes of Importance:
12. 1	(State or country)	
2	13, NAME	
H		Nome of a section
FA	(State or country)	Nama of operation Date of Was there an autopsy? Was there an autopsy? Date of
ER	15. MAIOEN NAME	23. If death was due to externat causes (VIOLENCE) fill in atso the following:
MOTHER	16. BIRTHPLACE (city or town) Andrown	Accident, sulcide, or homicide?
Σ	(State or country)	Where did injury occur?
	NFORMANT Daran Bennett (Address) 61 First st	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. E	BURIAL, CREMATION, OR REMOVAL	Mannar of injury
	Place Drillion Mile Date Mile 1934	Natura of injury
19. (UNDERTAKER \$ 13. 5 mm	24. Was disease er injury in any way related to occupation of deceased?
	(Address) 26 ckcieg so, Amafolis	If so, specify
20 0	intermed 19,32 to 16 to es w	(Signed)

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	*	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 1 1 1 1 2	1915	Attack of epilepsy	. 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RURIAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.-Every Item of information should be carefully supplied. ACE should it trated EXACTLY, PHYSI-cians should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. NLY, WITH UNFADING INK--THIS IS A WRITE PL V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County anny Orundel	GRTIFICATE OF DEATH
		Registration Dist. No. 21
	Village or City anna Rulis (No. 9	9 Main St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEY 4 COLOR OR BACE 5 SINGLE,	16 DATE OF DEATH
	Temale White MARRIED. MUDOWED OR DIVORCED (Write the word)	December (Month) 26 (Day) 19 (Year) 3.
	6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw h or alive on Sec 25, 1931
	7 AGE [If LESS than	and that death occurred on the date stated above, at
	1 day hrs. or min.?	Chronic Myscorditis unt
	B OCCUPATION (a) Trade, profession or Darticular kind of work	Myser that Sweetfering
<	(b) General nature of industry	
	business, or establishment in which employed or (employer)	(Durstion) Wys. mos. ds.
	9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs. mos. ds.
	10 NAME OF Whom	(Signed) Leonge Clasil M. D.
	II BIRTHPLACE OF FATHER (State or country) II MAIDEN NAME OF THE STATE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	12 MAIDEN NAME OF MOTHER OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Lours Jum	Former or usual residence
	(Address) 9 9 moun At	19 FLACE OF BURIAL OR REMOVAL DATE OF BURIAL 12-27, 193,
	15 Filed Se 26 19231 frag 6 e. fragistrar	JOSE hewig Ino. 1439 E. Bala
	If more hanks are needed, addre a State Registrar	W. Saratova St., Balto, Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. r," etc., Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery;

spinal meningitis"); Diphthcria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrosping l Str cement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-(the only definite synonym is "Epidemic cerebro-CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved totawus) may be stated under the head of "contributory." accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "E::haustion, "Debility" tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) carbolic acid—probably swicide. The n.ture of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all as-fracture of skull, and consequences (e.g., sepsis Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by ("Congenital," "Senile," etc.), "Dropsy, on," "Heart failure," "Haemorrhage, Committee on Nomenclature of the

answered in detail, it will prevent further correspondence. All the dam is essential and must be obtained before the certificate is permanently filed. da a is In this certificate is looked over thoroughly and all qu stions

MARGIN RESERVED FOR BINDING
W UNFADING INK_THIS IS A PERMANENT

V. S. No. 1

PHYSICIANS should state Every item of infor-Exact statement of OCCUPA-CORD. stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. of certificate. be AGE should be CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back mation should be carefully supplied. -WRITE PLAINLY, W E. ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County a.a.	Registration Dist. No.
	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Infant Bras	hers.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
Se. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) he 31/1931	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dome, es SPINNER, SAWYER, BOOKKEEPER, etc	7101
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Juy om
work wes done, as SILK MILL, SAW MILL, BANK, etc.	no / basices
10. Date deceased last worked at this occupetion (month and spent in this	
year) occupetion	Other Caatributery Causes of Importance:
12. BIRTHPLACE (city or town)	Other Caatibutery Causes of Importance.
(State or country) Ga. Co., Mc	
13. NAME John Brosher	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en auropsy?
15. MAIDEN NAME mary Court Bromfort	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) a a a Cut on .	Accident, suicide, or homicide? Date of injury, 19
The acceptance	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT POME MANAGEMENT (Address) Parole mad	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Description Neck Date for 1 - 1932	Nature of Injury
19. UNDERTAKER B. J. Hopping	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 12 3 1, 19 3 9 2 3 4 2 3 1 Plegistrar.	(Signed) (Agdress) (According to M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of of importance were as	death and related causes follows:	1 1	The principal cause of death and related causes Date of onse of importance were as follows:		
Arteriosclerosis	MECEIVE	1915	Attack of epilepsy	1 week ogo	
Chronic interstitial nephri	ti\$	1931	Run over by street car	1 week ago	
Cerebral hemorrhage	AN OLK	July 5,1927	Peritonitis Control of the Control o	3 days ago	
	FUREAU V.				
Other contributory cau	ses of importance:	لندت و	Other contributory causes of importance:		
Gallstones		Moy 1,1923	Gastroenteritis	1 year	
4					

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state CORD. Every Hem of infor-Exact statement of OCCUPAstated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. he AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY, W.

MARGIN RESERVED FOR BINDING

N. B.—

	STATE OF	MARY	LAND-	CERTIFICATE OF DEATH 135	SG
1	L PLACE OF DEATH			\widehat{B}	
	County Anne Arundel			Registration Dist. No.	
Village or City Revell Station				No	Ward
	Length of residence in city or town where deat	h occurred		death occurred in a hospital or institution, give its NAME instead of street and n	umber)
2	FULL NAME Susan E.	Brown			
	(a) Residence: No. Revell St	ation, A		Mcsts Ward. If nonresident give city or town and	State
	PERSONAL AND STATISTICA	AL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. 3	Female 4. COLOR OR RACE 5.	SINGLE, MARRI OR DIVORCED Widov	(write the word)	21. DATE OF DEATH The 28	198/. (Year)
5a.	If married, widowed, or divorced HUSBAND of			```	
	(or) WIFE of Charles H	. Brown	1	22. I HEREBY CERTIFY, That I attended of the 28 8 8 AM 1931, 10 Oct 28 - 8.30 A	M 1931
6. 1	DATE OF BIRTH (month, day, and year) NOV	. 22.]	872	1 last saw h 27 alive on Dec 28 4 ,1931	; death is said
7. /	AGE Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the dete stated above, at _ 8 _ 3 _ Am.	
	59 1	6	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
NOI	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	ne		Cerebral Nemorrhage	12-28:31
OCCUPATION	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc			V-	
000	10. Dato deceased last worked at this occupation (month and year)	11. Total tim spent occup	in this		
12.	BIRTHPLACE (city or town) A. A. C. (Stete or country)			Other Contributory Causes of Importance:	-5
~	13. NAME Richard Limo	mo		Hypertencers	ante
FATHER			13	Osla rephulis	
-	14. BIRTHPLACE (city or town) A • A • (State or country)	00., n	iu.	Neme ef operation Date of What test confirmed diagnosis? Was there an a	utopsy?
ER	15. MAIDEN NAME Elizabeth	Deal		23. If deeth was due to externel causes (VIDL ENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (city or town) A. A.	Co., 1	Id.	Accident, suicide, or homicide? Dete of injury	, 19
17. INFORMANT James R. Brown (Address) Revell Station				Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, DR REMOVAL Place Cedar Bluff Dete Dec. 31, 19 31				Manner of injury	
	UNDERTAKER John M. Tay (Address) Annapoli	lor s, Md.	0 4	24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed) Livrye & Bosel	
20	FILED HALL 26/1931 22	a. 16/6.	Arm ca Mi	(oigneu)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritanitis	3 days ago
BURKAU Y. S.			
12 100			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CORD

PLACE	OF	DEATH
ounty Au	us	Houndel

13997

STATE OF MARYLAND CEDTICICATE OF DEATH

PLACE OF DEATH	13994 STATE OF MARYLAND
County Hung House Il	CERTIFICATE OF DEATH
	Registration Dist. No.
n n n n	Many lack anst: Ward) (If death occurred in a hospital or institution, give its NAME I
2FULL NAME Posalis Ca	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sex 4 color or race 5 single, MARRIED, WIDOWED. WIDOWED. (Write the word)	16 DATE OF DEATH Dreember 9, 193/ (Month) (Day) (Year)
Spare of BIRTH Library 20, 1845	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) / (Day) (Year) 7 AGE [If LESS than l dayhrs.	
0 yrs	The CAUSE OF DEATH * Was as follows:
(a) Trade, profession or Two Le	Heopling
(b) General nature of industry business, or establishment in	
which employed or (employer)	Duration) yrs mos da
State or country) West River all Co had	Contributory Secondary Secondary (Duration) (Duration) (Duration) (Duration) (Duration)
10 NAME OF Bruiamin a Cart	(Signed) Muller United Mrs. M. E
11 BIRTHPLACE	Dre 10 197 1 (Address) Aunafoli me
OF FATHER (State or country) Town Shif IT A Column 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary & Hilson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)	At place In the Stateyrsmosds. Stateyrsmosds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Edevice Wilson	Former or usual residence.
(Address) Friendshiff,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL N. James Coul gra 1/ 19.3/
Filed Juc 10 19231 Jung Ge for en	7.0. Helch Freudste
If more branks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reliated 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken work, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many (b) Automobile factory. The material Locomotive engineer, 6) Grocery;

Streement of Cause of Death—Name, first, the pile-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

U data

vered in detail, it will prevent further correspondence. All the is essential and must be obtained before the certificate is

1932

tetahus) may be stated under the head of "contributory." Dapproved by Committee on Nomenclature of the "Inanition," "Marasurus,
"Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carpolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. this certificate is looked over thoroughly and a l qu stlong "Atrophy," "Collapse," "Coma," "Convulsions, or intercurrent) affection need not be Example: Measles (disease etc. The

UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

V. S. No. 1

PHYSICIANS should state Exact statement of OCCUPA. CORD. Every item of info AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLAINLY, WI N.B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13998
1. PLACE OF DEATH	(108)
County aq.	Registration Dist. No.
Village or City Freedeling	NoSt.,Ward
Length of residence in city or town where deeth accurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
San 21 /2001	The state of the s
2. FULL NAME	rece
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 30 ,193 (
5e. If merried, wildowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from
D -157/	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yeers Months Oays If LESS then	I lest saw h
7. AGE Yeers Months Odys If LESS then 1 day,hrs. ormin.	to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Wele as longwar Oate of onset
SAWYER, BOOKKEEPER, etc.	
S. Industry or business in which work wes done, es SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked et this occupation (month and spent in this	
this occupation (month and spent in this occupation	
12 BIRTIDI ACE (city or town) true deline	Other Contributors Causes of Importence:
12. BIRTHPLACE (city or town) (Stete or country)	0.20
13. NAME Russell Jones	
14. BIRTHPLACE (city or town)	Neme of operation Oate of
(Stete or country)	Whet test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME Zaua Cuets	23. If death was due to externel ceuses (VIOLENCE) fill In also the following:
15. MAIDEN NAME The Cuels 16. BIRTHPLACE (city or town) The Stele or country)	Accident, suicide, or homicide? Dete of injury, 19
E (Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) A Translation (Address)	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place True delip. Undate 12/31, 1931	Manner of injury
19. UNDERTAKER Demyis Maynard,	Neture of Injury 24. Was disease or injury in eny wey releted to occupetion of deceased?
(Address) Friendship med	If so, specify
20. FILED 15 1 30 , 1931 NA! Clayton Registrar.	(Signed) M. D.
group as	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decaded had retired from business, report the occupation prior to retirement. Children not gainfully employed may be a urned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1 1 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BALDSAN A'S			
Other contributory causes of importance:	1-1-1-1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		was a second	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state ECORD. Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTL H UNFADING INK-THIS IS A PERMANEN properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. N. B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3 13959
County a.a.	Registration Dist. No. 21
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME (a) Residence: No.	ds. How long in U.S. if of foreign birth?
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE ON OR DIVORCED write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (LC 2 7 193) (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i altended deceased from
6. DATE OF BIRTH (month, day, and year) Rec 29/31	I last saw h alive on, 19, 19, death is sai
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date steted above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	were as follows: Oate of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	no Mysician
this occupation (month and year)	Other Coutributory Causes of importence:
12. BIRTHPLACE (city or town) mm apole (State or country)	
13. NAME Richard Homey	
14. BIRTHPLACE (city or town) (State or country) Q C C T	Name of operation Date of
15. MAIDEN NAME Xlorence Worsey	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Klorence Worsey 16. BIRTHPLACE (city or town) (State or country) (State or country)	23. If death was due to externel causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT Florence Worsey (Address) 91 Kning Is do Stamph	Where did Injury occur?(Specify city or town, county and State) Specify whether Injury occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL. Place Success Held Date 22 27 19	Manner of injury
19. UNDERTAKER B Lotton (Address) Amafalia Company	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED \$ - 2. 7 1, 19 31 \$ - 7 6 C. \$ Registrar.	(Signed) Comment M. (Address) Comment M. (
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotek, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	17/10/1
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JAN 6 1932	1915	Attack of cpilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	医音光型医生素 8.	July 5,1927	Peritonitis	3 days ago
	& and a second s			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CORD. Every item of inforshould state OCCUPA-Exact statement of PHYSICIANS stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED AGE should be mation should be carefully supplied. B.—WRITE PLAINLY, WITH TION is very important. V. S. No. 1

V.	S. PLACE OF DEA		MAR	YLAND-	CERTIFICATE OF DEATH	14000		
1	County Ann		# 1		(31)	71		
		Crownsvil	la Sta	te Hosni	Registration Dist. No	~		
				(1f	death occurred in a hospital or institution, give its NAME instead of st	St., Ward		
	Length of residence in ci		11	yrsmos		ds.		
2	. FULL NAME	Delia Fi		7.1				
	(a) Residence: No	Balt	imore	City	St., Ward.			
-	PERSONAL AN	ID STATISTICA			If nonresident give city or I			
3,				RIED, WIDOWED,	21. DATE OF DEATH	NIII .		
	female b	lack	OR DIVORCEL	(write the word)	December 27th	, 193_]		
5a.	If married, widowed, or divo	orced			(Month) (Day)	(Year)		
	(or) WIFE of	John C. F	isher		22. I HEREBY CERTIFY, That I attended deceased from Oct. 29th 19 15 to Dec. 27 19 31			
6.	DATE OF BIRTH (month, da	y, and year) 18	75			19.31; death is said		
7	7. AGE Years Months		Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2:45 m. M.			
_	ormin.			were as follows:				
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic				Chronic Interstitial			
OCCUPATION	9. Industry or business in	which	ATTIC 2-PT		Nephritis	7. mos.		
CUP	SAW MILL, BANK,	etc						
00	10. Date deceased last wor this occupation (mo year)	nth and	11. Total ti span occu	me (years) tin this pation				
12.	BIRTHPLACE (city or town) (State or country)	Mary		~~~	Other Contributory Canses of importance: Chronic endocarditis	1 yr		
ER	13. NAME Unkno	own						
FATHER	14. BIRTHPLACE (city or to (State or country)	Unknow	n	~~~~~		Date of		
ER	15. MAIDEN NAME	Jnknown			What test confirmed diagnosis? Was t 23. If death was due to external causes (VIDLENCE) fill in also the			
MOTHER	16, BIRTHPLACE (city or to	um) IIv	marin			v 19		
M	(State or country)		V=FFF 4A14		Where did Injury occur?			
17.	(Address)	pital Reco			(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PU	and State) BLIC PLACE.		
18,		EMOVAL TILL	, Mar	/land	Manner of injury			
X	to prace Octas. C	emeloga, D	ate / 2	-: AS 2,19	Nature of injury			
19.	UNDERTAKER 1	& N.W	culer	releapf	24. Was disease or injury in any way related to occuration of dege	ased?		
-	(Address)	- f - (A)	2		If so, specify	MICE		
20.	FILED 2	19	NO	25.00	(Signed 1)	-XM. D.		

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10 .- The month and year the deceased last worked at the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis F 1000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage U.S. A.Y. V.S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
124				

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN					

-WRITE PLAIN

Exact statement of OCCUPA.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

14001

1. PLACE OF DEATH	160			
County Anne Arundel Village or City Brightwater Beach	Registration Dist. No. 2I			
	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.			
2. FULL NAME Albert Goodell	9-1 04 - 1000m			
(a) Residence: Np. Same	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE male 4. COLOR OR RACE OR DIVORCED (write the word divorced	21. DATE OF DEATH December 2nd			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown	22. I HEREBY CERTIFY, That I attended deceased from			
	, 19, 19, 19, 19			
6. DATE OF BIRTH (month, day, and year) unknown 7. AGE Years Months Deys If LESS tha				
about 50 or min. 8. Trade, profession, or particular kind of work done, as SPINNER.	were as follows:			
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. laborer 9 Industry or business in which work was done, as SILK MILL,	Gunshot wound of head (suicide)			
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc				
12. BIRTHPLACE (city or town) Connecticut (State or country)	Other Coutributory Causes of Importance:			
읍 13. NAME unknown				
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? POSt-mort@mthere an au'opsy? no			
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 12-2			
17. INFORMANT A. Goerge (Address) Brightwater Beach, Mc	Where did injury occur? at home (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Place St. Paul's Ist Date Dec. 12, 193	Manner of Injury Gunshot wound of head			
19. UNDERTAKER J. F. Denny (Address) Baltimore	24. Was disease or injury in any way related to occupation of deceased?			
20. FILED / 2 - 2, 19.3/ Z.a. US lly Registrar.	(Address) Paracleus, M.D.			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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NY	16.000	- 2/	2/32		reception	- 4000
	is me	ny	10			
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	ATH in plain terms so that it may be properly classified. Exact	/
The second secon	ACT	te.
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	ed.	rtit
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100	l bi	Important. See instructions on back of certificate.
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4	CE	lion
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4	Da ci	Se
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	Ca	ode
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	1PLACE OF DEATH	14002 STATE OF MARYLAND			
	County Aman Alaman (1)	CERTIFICATE OF DEATH Registration Dist, No. 20			
certificate.	illage or City Muturell (No	St.: Ward) (If death occurred i a hospital or institution, give its NAME is stead of street an number.)			
Serti	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
ack of	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MUNUEL OR DIVORCED (Write-the-word)	16 DATE OF DEATH Dec. J. 194 (Month) (Day) (Yesr)			
g uo s	DATE OF BIRTH Def 3rd, 1963 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased Dor September 14 192 to December 192/ that I last saw her alive on Sec 2 , 1922			
instruction	AGE yrs. 2 mos. 0 ds. or min.?	and that death eccurred on the date stated above, at			
OCCUPATION IS very Important. S	(State or country) (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO JHO BEST OF MY KNOWLEDGE (Informant) (Informant)	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranienta or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence.			
stat	Filed 1921 Mad Reciptor	20 UNDERTAISER WOOD THEISTOP V. S. No. 1.			
<i>[-</i> -	If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.			

V. S. No. 1

WRITE PL

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Forher fre-tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servard, Cook, Housemuid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, Houseer." etc., without more precise specification as Day laborer, Farm laborer. Laborer—Coal mine, etc. Women-at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an whatever, write None. to report specifically the occupations of work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Foremon, For many occupations a single word or term on Compositor, Architect, (b) Automobile factory. The material Locomotive 6) persons enengineer. Grocery;

Statement of Cause of Death—Name, first, the Disease it of time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., scpsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacnia," "PUERPERAL peritoritis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trointaken. FOR VIOLENT DEATHS state MEANS OF INJURY "Inanition, (secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease perilonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condiinterstitial nephritis, " "Marasmus, Chronic " " Old Age, etc. volvular heart disease; The contributory " Shock,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-

PLACE OF DEATH	14005 STATE OF MARYLAND
County Anne Arundel	CERTIFICATE OF DEATH
	(31) Registration Dist. No. 2
Village or City Earleigh HghtsNo.	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Eliza Haegi	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, Single MARRIED, WIDOWED. OR DIVORCED	December 5, , 1931.
Write the word)	(Month) (Day) (Year)
Sept. 10 , 1866	17 LHEREBY CERTIFY, That I attended the deceased from 1923 (to Sec. 4 182/ 182/ 182/ 182/ 182/ 182/ 182/ 182/
(Month) (Day) (Year)	that I last saw h Exalive on See 57 192
7 AGE [If LESS than	and that death occurred on the date stated above, at
I dayhrs.	The CAUSE OF DEATH * was as follows:
65 yrs. 2 mos. 25 ds. or min.?	
(a) Trade, profession or	Munie Suleva A Effresio
particular kind of work Housework at home (b) General nature of industry	myscadelis
business, or establishment in	(Duration) Tis mos da,
which employed or (employer)	Contributory Contributory
Switzerland	Secondary
10 NAME OF	(Duration) yrs. mosds.
FATHER Gottleib Haegi	(Signed) M. D.
U BIRTHPLACE OF FATHER	(Addreas)
(State or country) Switzerland	*State the Disease Carsing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Rachel Meyer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
OF MOTHER Switzerland	ients or Recent Residents) At place In the State yrs ds. ds.
(State or Country)	Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Jacob Haegi	usual residence
(All) Ford of the Hot that all the	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Earleigh Heights, Md.	asbury Church Cemetay Dec 8, 19.81
15 File Dec 6 1923 + Deyra	John & Denny 7/5 Light St

If more bianks are needed, address State Registrar, 76 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, er," etc., without more process. Coal minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Womshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Compositor, Architect, who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the Distract CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Catelonus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsia, approved by Committee on "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainperitonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic etc. The contributory affection need not be valvular heart disease; Nomenclature of the

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

6

PHYSICIANS should state Exact statement stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. AGE should be CAUSE OF DEATH in plain terms, so that it may be

MARGIN RESERVED FOR BINDING mation should be carefully supplied.

See instructions on back of certificate.

TION is very important.

B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	97)
County Anne Arundel	Registration Dist. No.
Village Dr City Crawn aville State Hosp. Length of residence in city or town where death occurred yrs. 3	talno. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Kitty Hall	
(a) Residence: Np. Beltimore City (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
s. sex female 4. color or race black 5. single, Married, Widowed, or Divorced (write the word) widowed	21. DATE OF DEATH December 1st (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from August 3rd 19.31, to December 1, 19.31
6. DATE OF BIRTH (month, day, and year) 1862	I lest saw h.er_alive onDeclst, 19.31; death is said
7. AGE Years Months Days If LESS than I day,hi	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc	Cerebral arteriosèlerosis ?
this occupation (month end spant in this occupation (month end spant in this occupation)	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Maryland (Stete or country)	Senility ?
I3. NAME Philip Watts	
I4. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Union way	23. If death wes due to external causes (VIDLENCE) fill in also the following:
16 BIRTHPLACE (city or town) 16 17 16 11 (State or country)	Accident, suicide, or homicide?
17. INFORMANT Hospital Records (Address), Crownsville, Maryland	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL GREMATION, DR REMOVAL Place 10 a filial lecules pate 15 3/19	Manner of injury Neture of injury
19. UNDERTAKER De R. P. Wanderode Kliff	24. Was disease or injury in thy was related to occup tion of deceased?
20. FILED \$45 / Registrar.	(Signed A. D. D. (Address) GTO WISY ille Inchief and I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	cample I	1	Example II		
The principal cause of dea of importance were as follows:	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	The state of the s	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1912)	1921	Run over by street car	1 week ogo	
Cerebral hemorrhage	NONE .	July 5,1927	Peritonitis	3 days ago	
	The second secon				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

14005

	Registration Dist. No. 21
afe o lis	No. 33 St., Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) os. ds. How long In U.S. if of foreign birth?yrsmos ds
ara daam occurred yrs.	15 us. now long in 0.5. it of foreign bitth:mis us.
CELE //grullon	ι
1 Ctay	St., Ward.
(Usual place of algode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
STICAL PARTICULARS	21. DATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	DSC 29 193/
I dugle	(Month) (Day) (Yaar)
0	22. AL HEREBY CERTIFY. That I attended decaased A
0	1931 to - 19
Nosek. 29 1939.	Hast saw har aliva on Bre 34 193/ ; daath Is said
Days / If LESS than	to have occurred on the date stated above, at 3 9m.
63 49 1 day, hrs	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
O ormin.	wara as follows: Date of onset
	acute Bronalito elas
	, 3 da
11. Total time (years)	- 1
occupation	Other Contributory Causes of importance:
Erbury Mid	The contract of importance.
Hamilton	*,
Terbuny and	Name of oparation Date of
a faco	What test confirmed diagnosis? Was there an autopsy?
oray.	23. If daath was due to external causes (VIOL ENCE) fill In also tha following:
aterbund,	Accident, suicide, or homicide?
a a teo ma	Where did injury occur?
,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Je Je	
	Manner of injury
1 Date 2. 3/ ,1931	Nature of injury
arker	
hmalon OI	24. Was disease or injury in any way related to occupation of dacased?
2 0 900	Me Some Tares
Registrar.	(Signed) (Address) 35 7 workworth Rimps

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis (1 2 4 1)	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5, 1927		3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully

-WRITE PLAINLY, WI

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V. S. No. 1

TION is very important.

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Claux arundof.	Registration Dist. No.
Village or City Cumpolis, Md	NoSt.,Ward
Length of residence in city or town where death occurredmos	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Cours atther Argus	Nasto
6 (3 / 1 - '0 - 6 9	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Ocember 30, 198/ (Month) (Day) (Year)
5a. If married, widowed, or divorced HWSBAND of	22 I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	12-26-1931 to 12-30-1936
6. DATE OF BIRTH (month, day, and year) (VCI, 13 1931	I last saw hot alive on 12 36 - 30 , 19 ; death is said
7. AGE Years Months Days / If LESS than	to have occurred on the date stated above, at
3 lay,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Gastroventeritie: 3 weeks. Cugs?
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Marasmula 1:
work was done, as SILK MILL, SAW MILL, BANK, etc.	again and the same of the same
10. Date deceased last worked at this occupation (month and spant in this	\(\frac{1}{2}\)
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or counter)	
13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an au opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Rasin Selwar 16. BIRTHPLACE (city or town) Harwood Ma.	Accident, suicide, or homicide?
State or confly) a a c	Where did Injury occur?
17 INFORMANT Resir Delung	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) ho. 3 Leibles Row.	
18. BURIAL, CREMATION, OR REMOVAL Place Privary Thing Date Die 31 4, 1931	Manner of injury
19 UNDERTAKER Stas & Hickory	24. Was disease or injury in any way related to occupation of deceased?
(Address) 34 Miles & St. Chungholio, ma	If so, specify
20 FILED Prc 3/ 19 8/ 1-74 C 8-7 9 7	(Signed) To (1/ Malwyly M. D.
Registrar.	(Address) 3.5 Cealth J

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of death and related causes, Date of onse of importance were as follows:		. Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 weck ago
Cerebral hemorrhage	BUMBAU	July 5, 1927	Peritonitis	3 days ago
	Re-i			
Other contributory ca	nuses of importance:		Other contributory causes of importance:	arestur
Gallstones		May 1,1923	Gastroenteritis	1 year

Exact statement of OCCOPA-

stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

-WRITE PLAINEY

of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

4	A	1.	6.	way
1	4	U	IJ	4

1. PLACE	1. PLACE OF DEATH		(165)	2 2 0 0		
County	County Anne Arundel		Registration Dist. No			
	r City	Gree	en Have:	n (If	ND. death occurred in a hospital or institution, give its NAME instead of the control of the co	St.,Ward
				oseph Hoe		
		ID STATIST			If nenresident give city MEDICAL CERTIFICATE OF D	
3. SEX		R OR RACE	5. SINGLE, MA OR DIVORC	RRIED, WIDOWED, ED (write the word) ried	21. DATE OF DEATH	I2th 193I
5a. If married, wid HUSBAND of (or) WIFE of	f	ie Horg	er		22. I HEREBY CERTIFY, That	I attended deceased from
	H (month, da Years 62	y, and year) Mi	arch Days 4	8, I869 If LESS than I day, hrs. or min.	to have occurred on the date stated above, atII _ 45@. The PRINCIPAL CAUSE OF DEATH and related causes of Impower as follows:	, 19; death is said M
kind of SAWY 9. Industry of work SAW of SAW	YER, BDDKKEE or business in was done, as S MtLL, BANK, o eased last wor ccupation (mo	as SPINNER, EPER, etc	11. Total sp oc	tima (years)	Suicide by hanging rs. Diher Coutributory Causes of importance: none	· · · · · · · · · · · · · · · · · · ·
(State or c	country)	orian F	ermany		none	
I4. BIRTHPLA (State	ACE (city or to e or country)	own)	Germany		Name of operation	Date of
15. MAIDEN NAME unknown 16. BIRIHPLACE (city or town) (Styte or country) Germany			ny	23. If death was due to external causes (VIOLENCE) fill in also Accident, suicide, or homicide? Suicide. Data of in Where did injury occur?	jury_same_, 19	
17. INFORMANT Thomas H, Myrick (Addrass) Hudson st. Baltimore 18. BURIAL, CREMATION, DR REMOVAL Placa Mt. Carmel Date I2-I6 1931			-I6 , ₁₉ 3I	Specify city or Iown, con Specify whether injury occurred in INDUSTRY, in HDME, or in Manner of injury hanging	PÚBLIC PLACE.	
19. UNDERTAKER (Address) 20. FILED / 2	_		Zeiler Baz	timore Sugar Registrar	24. Was disease or injury In any way related to occupation of d If so, specify (Signed) (Address)	eceased? no

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 277 7	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

	ARYLAND-	CERTIFICATE OF DEATH	1666
1. PLACE OF DEATH County Ame An	more	Registration Dist. No. 21	1008
Village or City Rutlan	d	NoSt.,	Ward
Length of residence in city or town where death occur	C/ //	death occurred in a horpital or institution, give its NAME instead of street and it	
2. FULL NAME Samuel	newden	Hopkins	
(a) Residence: No Ksat Land	al place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH	
The OR DI	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH	, 193 / ° (Year)
5a. If married, widowed, or divorced HUSBAND of	. 11	22. A HEREBY CERTIFY, That I attended	deceased from
(or) WIFE of Clozabuts Malels	a Hopkins	August 1st , 1931 , 10 02 = 27th	19 24
6. DATE OF BIRTH (month, day, and year)	1845	I last saw h- line alive on 27 = , 1934	; death is said
	ays If LESS than 1 day,hrs.	to have occurred on tha date stated above, at	
86 // /	ormin.	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Codar in Interstition	1- 192
T L 9. Industry or pusiness in which	2	211	7
work was dona, as SILK MILL, SAW MILL, BANK, etc	. Total time (reals)	oupmitis)	
10) Date deceased last worked at this occupation (month and yaar)	spent in this congression		
12. BIRTHPLACE (city or town)		Other Contributory Canses of importance:	PHILIP PA
(State or country)			-
13. NAME James 20 A	of kung	9	-
14. BIRTAPLACE (city or town)	7	Name of operation . Date of	
(State of country)	Care .	What tast confirmed da mosical Was there an a	
15. MAIDEN NAME Matilla a	· Hop Kurs	23. If death was dua to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	aus	Accident, suicide, or homicide? Date of injury Whera did injury occur?	, 19
17. INFORMANT Miss Malella	Hopkens	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
(Address) Same College (College College Colleg	. Maryland	Manner of injury	
Plant Depheno Ma Dated	EC 2912 1931	Nature of injury	- ^
19. UNDERTAKER B. B. Wille (Address) Latates have	mandons	24. Was disease or injury in any way related to occupation of deceased?	no
20. FILED 24	D Joy Registrar	(Signad) Mahama Hayland	M. D.
If more blanks are	needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	. 1	Example II	
The principal cause of death and related causes Date of onset of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis AN B 1442	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importanco:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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(Year)

Date of onset

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Chronic interstitial nephritis JAN 6 132	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
E - Added	النا		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

should state item of infor-OCCUPA-Exact statement of PHYSICIANS CORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WI

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
A. PLACE OF DEATH	165		
County (- (-	Registration Dist. No.		
Village or City & Manyante	ND. St., Ward		
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?		
2. FULL NAME Lames Howard			
	St., Ward.		
(a) Residence: NDV (Usual place of abode)	St., Wald. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) 2 (Day) , 193 (Yaar)		
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19		
5. DATE OF BIRTH (month, day, and year)	1 last saw h; death is said		
7. AGE Years Months Days If LESS than I day, hrs.	to have occurred on the date stated above, at		
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, Gystsman. SAWYER, BODKKEEPER, etc.	Surigh by Hanging		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	himself the A file at		
Data deceased last worked at this occupation (month and spant in this occupation corrupation corrup	DT Maryana		
12. BIRTHPLACE (city or town) Annaforks' and	Other Contributory Causes of importance:		
13. NAME Lames Howard or			
14. BIRTHPLACE (city or town) Calvert CO (State or country)	Name of operation Date of Was there an autopsy?		
15. MAIDEN NAME Eolisa Sway	23. If death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town) Cumafullos (State or country)	Accidant, sulcide, or homicide?		
17. INFORMANT Grorge anna of Lymns (Address) Parole	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place For Envirol Date 12, 29, 1931	Manner of injury		
19. UNDERTAKER & A B Jarkes SV	24. Was disease or Injury In any way related to occupation of daceased? If so, specify		
20. FILED fre 28, 1931 Hayle C. for well	(Signed) from after Min Shyloromet.		

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 2ndg & Hojakins

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To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example 1		Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S	t		
Other contributory causes of importance:	- /	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	Δ.	of
	WRITE	Every Item of
V. V. No. 1	(N. BEvery

PLACE OF DEATH	14(:11 STATE OF MARYLAND
County luce Churchel	CERTIFICATE OF DEATH
Village or City alle floor (No.	23 Registration Dist. No. 22 St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME ama of	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Findle Wild Write the word	16 DATE OF DEATH LICESMAN 11, 192 31. (Month) (Day) (Year)
6 DATE OF BIRTH (Nonth) (Day) (Year)	that I last saw has alive on Lea 11, 1923,
30 yrs. 3 mos. 26 ds. or min.?	, , , , , , , , , , , , , , , , , , , ,
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Zuruden Owemu
which employed or (employer)	(Duration) yrs. mos. de.
9 BIRTHPLACE O NAME OF FATHER 11 BIRTHPLACE	Contributory Secondary (Direction)
OF FATHER Z (State or country) 12 MAIDEN MAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) (Address) Juma to the Hold	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed De 11 198 Mara Mr Haslesh	POLINDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Spinner, (b) Cotton mill; (a) Salcsman, nature of the business or industry, and therefore an tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—coat mure, even wounder at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lober pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Enhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. Chronic interstitial nephritis, Whooping cough; tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature of the Chronic etc. valvular heart disease; The contributory

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	OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	,	Registration Dist. No. 20
Village or City Communication City or town who	7. / . /	No. St., War St. St., St., St., St. St., St., St. St., St.,
2. FULL NAME Eller (a) Residence: No. Ourse	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorged HUSBAND of (or) WIFE of	ja Lolenson	22. I HEREBY CERTIFY, That I attended deceased from Dept 20 th 1930 to Sec. 19th 1931
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	/ 8 72 Days If LESS than	I last saw here alive on A = 16 m., 1931; death is so to have occurred on the data stated above, at 1860 m.
. 8. Trade, profession, or particular	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of one Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL,	Housessofo	dephilis -) 20
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	an (pus	Other Contributory Causes of importance:
13. NAME Charles 14. BIRTHPLACE (city or town)	Imothers	Name of operation Date of
1 (State of country)	myland	What test confirmed diagnosis 2 2 2 2 Was there an autops 1
15. MAIDEN NAME ROCK	Queters .	23. If death was due to externat causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
2 (State or country) 17. INFORMANT	Parkar!	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Hope hope	Date 12 /51/13/	Manner of injury
19. UNDERTAKER (Address) 2 de la mar	, Cac	24. Was disease or injury In any way related to occupation of deceased? 22.
20. FILED Dac 20, 19.3-1.	lastrie J. furth	(Signed) Mortina Hages

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BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

H X SI-	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
4	County	Registration Dist. No. 2/2/
CORD od EXACTLY erly olassifie rtificate.	Village or City amalula Village Name Elisa Win	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
NT stated properly certification	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) 2 4 (Day) 192 (Year)
BIND PERM E shoul at it ma	6 DATE OF BIRTH 8 49 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That lattended the decleased from 1923/to 1923/, 1923/, that I last saw here alive on 1921/,
FOR IS A	7 AGE (Month) (Day) (Year) 17 AGE (If LESS than I day	and that death occurred on the date stated above, at // Am.
SERVED INKTHIS Ily supplied	8 OCCUPATION (a) Trade, profession or particular kind of work	Scleroses will Hyptertensor
RES ING IN arefull 1 in pla	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Seculty de,
MARGIN UNFADI ouid be ce DF DEATH	9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Secondary (Durstion) (Signed) (Signed) M. D.
SE C	II BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
NLY, Ormation	of MOTHER Mony Horden	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
f inform d state	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State yrs de.
E P	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or pusual residence
WRIT Every iter CIANS sh	(Address) Ouropelis Fin	of place of Burial OR REMOVAL DATE OF BURIAL MARINE 17/27, 1831.
S. No. 1	15 Filed De 27 103/ Dlagge In Hasley Registrar	the W.C. Wite a Lawel. Md
6 2	If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

work, or At Home, and children, not gainfully emtired 6 yrs). Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, laborer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, fulness of various pursuits can be known. The quesen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Physician, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tclanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure, Harmoniums," "Shock," "Shock," "And Aleman tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature of the Chronic :hopneumonia (secondary), etc. The contributory valvular heart diseasc;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WRITE PU

Z

1	14019
PLACE OF DEATH	STATE OF MARYLAND
County anna drundel	CERTIFICATE OF DEATH
00	Registration Dist. No. 93
Village or City len Burne (No.	Cas Day
	Mardy (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Dec 9, 1921 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
4N- 28 1931	0 8 6 1931 . to Dec 9 7 , 1931
(Month) (Day) (Year)	that I last saw had alive on Dec Co , 1921
7 AGE IIf LESS tha	1045
l day hr	The state of the s
yrsmosds. ormin.	
8 OCCUPATION (a) Trade, profession or	(hemetine & le . Y
particular kind of work now	The state of the s
(b) General nature of industry	Newson Olanda
business, or establishment in which employed or (employer)	(Durstion) To do. do.
9 BIRTHPLACE (State or country) 40	Contributory
1 10 NAME OF	(Durstion) yts mos. ds.
FATHER ALL	(Signed) M. D.
0 11 BIRTHPLACE	12/15/11/92 (Address) Silver Bure
Copy of Father Z (State or country)	*State the Discase Causing Death, or, in deaths from
TI 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cautha & Menes	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE DE MOTHER	At place in the
(State or Country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informatil 2 Orch Johnson	Former or usual residence
En Off	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Hon Jaxmel med	Solley Lome Cometer Dec 10, 1931
15 Filely 1923/ June Hegister	20 UNDERTAKER ADDRESS,
If more brenks are readed address to the little	y, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
in more plants are needed, address state Kegistra	y, 10 w. Saratoga St., Daito., Requisting V. S. No. 1.

14014

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many ," etc., or At Home, and children, not gainfully em-For many occupations a especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Enhaustion," "Heart tanue,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. approved by Committee on Nomenclature of the carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory " "Convulsions,

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH	14015
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1. PLACE C	OF DEATH				(97)	0 4 17
County Anne Arundel					Registration Dist. No. 21	
Village or	Village or City Crownsville State Hosp				pit fol st.,	Ward
				(II	death occurred in a horpital or institution, give its NAME instead of street and 10 ds. How long in U.S. if of foreign birth? yrs. r	number)
	AME Jame					
	ence: No. Balt:				St, Ward.	
(a) Nesiue	nice. No	e CANAL.	(Usual place	of abode)	If nonresident give eity or town and	State
	NAL AND STAT				MEDICAL CERTIFICATE OF DEATH	
Male Male	4. COLOR OR RACE	5.	SINGLE, MARI	RIED, WfDOWED, O (write the word)	21. DATE OF DEATH December 10 (Month) (Oay)	, 193 31 (Year)
5a. If married, wido HUSBAND of					22. I HEREBY CERTIFY. That I attended	deceased from
(or) WIFE of	Unknown				, f9, to	
6. DATE OF BIRTH	d (month, day, and year)	Ur	nknown		I last saw h_iM alive on Dec. 10 1931	.; death is said
7. AGE Y	ears Month	s	Oays	If LESS than I day,hrs. ormin,	to have occurred on the date stated above, at 5:45 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	10
Z 8. Trade, prof	fession, or particular	T	borer		General Arteriosclersis Date	Date of onset
SAWYE	work done, as SPINNER R, BOOKKEEPER, etc.	110	1001.61		TT 3	-
work w	r business in which was done, as SILK MILL, IILL, BANK, etc				Unk i	nown
U clo. Date decea	ased last worked at	Inle	If. Total ti	me (years)		
	capation (month and	Jnk.	0030	me (years) it in this Unk	Other Contributory Canses of importance:	-
12. BIRTHPLACE ((State or co	city or town)Lal	ravi	lle,	Md.	Senility	
f3. NAME	Unknwon			11-12-17		
	CE (city or town)	nkno	wn		Name of operation Date of What test confirmed diagnosis? Was there an	**
f5. MAIDEN N	IAME Un	know	n		23. If death was due to external causes (VIDL ENCE) fill In also the followin	
fs. MAIDEN NAME UNKNOWN fs. BARTHPLACE (city or town) UNKNOWN (State or country)					Accident, suicide, or homicide? Date of injury	, f9
17. INFORMANT Hospital Records (Address)			rds		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR BEMOVAL Place Tour Lewis Date 12/2/39, 19			12/12	/ 19	Manner of injury	
19. UNDERTAKER Some A Windows Aught (Address)			Ju (0	lept	24. Was disease or injury in my way related to occupation of deceased?	A
20. FILED 712	/3/ ,19	Q	20	Registrar.	(Signed) (Address)	WZ M. O.
			-			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
43		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack. of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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OCCUPATION

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V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 14016
PLACE OF DEATH	
County Q - Q -	Registration Dist. No.
Village or City Osmahoho	No. EINGT 9 STICY / Copplast, & Ward
(If Length of residence in city or town where death occurredyrsmos	death occurred in a horpital of institution, raive its NAME instead of street and number) ds. How long to U.S. if of foreign birth?yrsmosds.
FULL NAME Lohn Lohns	m,
(a) Residence: No. Hockly Ta aco (U) outplace of abode)	MSO Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) () (Day) (Year)
married, widowed, or divorced IUSBAND of or) WIFE of	22. I HEREBY CERTIFY That I eltended deceased from
TE OF BIRTH (month, day, end year) Hysleyour	I last saw h. Amalive on Mer - Me 193 ; death is seld
Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1.100.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, es SPINNER, SAWER, BOOKKEPER, etc.	were es follows: Date of onset 1974

Date deceased last worked at this occupation (month and 11. Total time (years) spent in this occupation

FATHER 13. NAME 14. BIRTHPLACE (city or town)

(State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town

year) _____

(State or country)

12. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) Registrar. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Where did injury occur?___

What test confirmed diagnosis?

(Specify city or town, county and State)

Wes there an autopsy?____

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Neture of injury. 24. Wes disease or injury in env

If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Name of operation.

Manner of injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a elerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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WRITE

8

S. No.

PHYSI-

PLACE OF DEATH County am army let 2 FULL NAME Robert Mormas Johnso

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 20

St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)

10.1	MEDICAL CERTIFICATE	OF DEATH
(Month) (Day) (Year 17	16 DATE OF DEATH Dee	14 , 1981
and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: (Duration) (Duration) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Ouration) (Ouration) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address)		
and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: (Duration) (Duration) (Contributory Secondary (Duration) (Signed) (Duration) (Signed) (Signed) (Signed) (Address) (Address) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place of death yrs	17 / I HEREBY CERTIFY, That I at	tended the deceased fi
and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: (Duration) (Duration) (Contributory Secondary (Duration) (Signed) (Duration) (Signed) (Signed) (Signed) (Address) (Address) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place of death yrs	here 3 192 to 10	Le / 4 , 192
and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: (Duration) (Duration) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Ouration) (Signed) (Signed) (Ouration) (Signed) (Signed) (Signed) (Signed) (Address) (Duration) (Signed) (Signed) (Signed) (Signed) (Address) (Duration) (Signed)	that I last saw har alive on le	13 1928
Contributory Secondary (Duration) (Duration) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Ouration) (Ouration) (Ouration) (Signed) (Ouration) (Ouratio		
(Duration)		d above, at
(Signed (Duration) yrs. mos. (Signed (Duration) yrs. which was disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OB REMOVAL DATE OF BURIAL (12/14), 19		n (A
(Signed (Duration) yrs. mos. (Signed (Duration) yrs. which was disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place of death yrs. mos. ds. State yrs. mos. where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OB REMOVAL DATE OF BURIAL (12/14), 19	Dev Calit	1 16
Contributory Secondary (Duration) (Signed)		\$
Contributory Secondary (Duration) (Signed)		*
Contributory Secondary (Duration) (Signed)	(Duration)	yrs. mos 6
Secondary (Signed Way Carsell No. 1923/ (Address) Where was disease contracted, if not at place of death? Where was disease contracted, if PLACE OF BURIAL OR REMOVAL (Signed Way Carsell No. 1923/ (Address) Where was disease contracted, if not at place of death? PLACE OF BURIAL OR REMOVAL (Duration) Yrs		
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place of death yrs. mos. ds. In the State yrs. mos. where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OB REMOVAL DATE OF BURIAL Moses Countley 19 19 19 19 19 19 19 19 19 19 19 19 19		***************************************
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place of death		
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place of death	(Duration)	
Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place of death with mos. ds. In the State yrs. mos. where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OB REMOVAL DATE OF BURIAL MOSES CEMELELY 14, 19	(Signed Cerry Sy X a	esect M
ients or Recent Residents) At place of death yrs mos ds. In the State yrs mos for at place of death? Former or usual residence place of BURIAL OR REMOVAL DATE OF BURIAL OR STATE OR STATE OF BURIAL OR S	(Signed Cerry Sy X a	esect M
where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OB REMOVAL DATE OF BURIAL DATE OF BURIAL 12/14, 19	(Signed Club of Calling Callin	Les liveres
if not at place of death? Former or usual residence 19 PLACE OF BURIAL OB REMOVAL DATE OF BURIAL 12/14, 19/14, 19/14	(Signed LUL Ag Carlos) *State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	or, in deaths from njury and (2) Whether
19 PLACE OF BURIAL OB REMOVAL DATE OF BURIAL Moses Cemetery 14/14, 19	(Signed (Quration) (Signed (Queen Causing Queen Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	or, in deaths from nigury and (2) Whether itals, Institutions, Trans
Moses Cemetery 12/14, 15	(Signed Lund Ag Carlot Address) *State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospients or Recent Residents) At place of death yrs mos ds.	or, in deaths from njury and (2) Whether itals, Institutions, Tra
	(Signed 1923/ (Address) **State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospients or Recent Residents) At place of death yes	or, in deaths from njury and (2) Whether itals, Institutions, Tra
	(Signed 1923/ (Address) ** *State the Disease Causing Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospients or Recent Residents) At place of death yrs	or, in deaths from (2) Whether itals, Institutions, Tracette
	(Signed August Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospients or Recent Residents) At place of death yrs. mos. ds. Sta Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OF REMOVAL	or, in deaths from njury and (2) Whether itals, Institutions, Tra

PERS	DNAL AND STATIST	ICAL PARTICULARS
121	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
DATE OF B	IRTH MA	oct

7 AGE II LESS 1 day

OCCUPATION (a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer)

9 BIRTHPLACE (State or country)

PARE

15

10 NAME OF FATHER 11 BIRTHPLACE OF FATHER FNH

(State or country) 12 MAIDEN NAME

13 BIRTHPLACE DE MOTHER (State or Country)

(Address

Filed

If more branks are needed, address State Registrar, 16/W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from to report specifically the occupations of persons en whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed. as At school, or At home. Care should be taken household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Physician, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocetc., or At Home, and children, For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL perilonitis," etc. "(Inanition," "Marasmus," UIG Age, "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary). stated unless important. Example: Measles (disease American Medical Association.) Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. "Exhaustion," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY cough; or intercurrent) affection need not be ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

Z

PLACE OF DEATH	STATE OF MARTLAND
County Sout Armalel	CERTIFICATE OF DEATH
1	(83) Registration Dist. No. 20
Village or City Lothian (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OR RACE SSINGE, MARRIED, Manual WIDOWED, OR DIVARCED (Write the word)	16 DATE OF DEATH December 1921 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from July 1934 to Jac 1934 that I last saw h alive on 1934
7 AGE (Month) (Day) (Year) 7 If LESS than I dayhrs. or min.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. da.
9 BIRTHPLACE (State or country) Manyland 10 NAME OF Hornas (onle)	Contributory Secondary (Duration) Mosds. (Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Marefland.	ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Alory Jour	if not at place of dea.h? Former or usual residence.
(Address) Stillies Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ON Chapel 2, 193/ DUNDERTAKER ADDRESS
Nef brad Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) tired. 6 .yrs). For persons who have no occupation definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer. Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business. that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an tion applies to cuch and every person, irrespective or to report specifically the occupations of persons en-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal 'feyer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"Exhaustion," "Heart lauure, "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping cough; Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of interstitial nephritis, Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

S	TATE OF MA	RYLAND-	CERTIFICATE	OF DEATH
1. PLACE OF DEAT	TH _		3	
County C	o. Cl - 1			Registration Dist. N
Village or City	Termanlou		No. KA	S. J. NAMES
Length of residence In cit	y or town where death occurred		f death occurred in a hospital or institut sds. How long In U.S. if o	V
2. FULL NAME	thell Ful	and Bros	m) Jones	
(a) Residence: No.			St. Ward.	
		lace of abode)		If nonresident give city
	O STATISTICAL PAR		21. DATE OF DEATH	ERTIFICATE OF I
Maly C		MARRIED, WIDOWED, RCED (write the word)	21. DATE OF BEATH	(Month) Lec Di
5a. If married, widowed, or divor HUSBAND of	ced		22. I HEREBY	CERTIFY, Tha
(or) WIFE of				19 to 12-
6. DATE OF BIRTH (month, day	and year) Dec	30,193	I last saw harm alive on b	oundrad s
7. AGE Years	Months Days	If LESS than 1 day, hrs.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT	
7931		ormin.	were as follows:	ri and related causes of imp
8. Trade, profession, or pa kind of work done, a SAWYER, BOOKKEE	S SPINNER,			-+ \
9. Industry or business in work was done, as S	which		Trem	lune Bir
9. Industry or business in work was done, as S SAW MILL, BANK, e	c	tal tima (years)	-	
this occupation (mon	th and	spent in this		
DIDTUDI ACE (aits on town)	9 -	- aaco.	Other Contributory Causes of impo	rtance:
12. BIRTHPLACE (city or town) (State or country)	Sermanto	wil		
13. NAME Eoch	vard Bro.	min		
14. BIRTHPLACE (city or to	vn) assorber	List layo.	Name of operation	
(State of country)	Hall a	eo mag	What test confirmed diagnosis?	V
15. MAIDEN NAME 16. BIRTHPLACE (city or too	Corry Ja	no di	23. If death was due to external cau	
16. BIRTHPLACE (city or too	vn) CDM QL	This had	Accidant, sulcide, or homicide? Where did injury occur?	Data of i
17. INFORMANT	s Isebell	Longo	Specify whether injury occurred in	(Specify city or town, co 1 INDUSTRY, in HOME, or i
18. BURIAL, CREMATION, OR RI	EMOYAL	0 0	Manner of injury	
Place Briswer	Trull Data	1 2 1932	Nature of injury	
19. UNDERTAKER (Address)	Brarker-	671_51	24. Was disease opinjury in any w	y related to occupation of
01-2/	3, 5	C 2 - 41	(Signed) CVP W	Kulas
20. FILED	7-7-7-4	Registrar	(Address) 3	Calne

14013

()	
U = I	Registration Dist. No.
manlown	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
wn where death occurredvrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
ll Fufant Grove	m) Jones
- A STATE OF THE S	St., Ward. If nonresident give city or town and State
(Usual place of abode) 'ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) Lee 3 0.1937 (Year)
Anonths Days If LESS than 1 day, hrs. or min.	22. I HEREBY CERTIFY, That I attended deceased from A 30 - 3 (, 19 , to 12 - 30 - , 19 3 (last saw have a stated above, at 1/30 /m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
ILL,	Premature Birth
211. Total tima (years) spent in this occupation a a a co- evincantown	Other Contributory Causes of Importance:
assortiolio Mayo.	Name of operation
Thy Jones and Joseph Jones	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accidant, sulcide, or homicide?
Data 1 2 ,1932	Manner of injury
Jarker Jack Cf Registrar.	24. Was disease opinjury in any way related to occupation of deceased? If so, specify (Signed) (Signed) M. D. (Address) 3.5. (Address)
" 15 more blanks are needed," address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

D- Malony

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and ewn home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II		Example I	
of death and related causes Date of onset as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
1 week ago	1915	Arterioselerosis	
1 week ago	1921	Chronic interstitial nephritis	
3 days ago	July 5, 1927	Corebral hemorrhage SERAU V. 3.	
nuses of importance:	May4,1923	Other contributory causes of importance: Gallstones	
	May4,1923	Gallstones	

WRITE PL

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PLACE OF DEATH

County americandel

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STATE OF MARYLAND CERTIFICATE OF DEATH

P	Registration Dist. No. 22
Village or City Oonways (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MARSIED MOUSED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) 2 4 (Day) (Year)
6 DATE OF BIRTH 04 7, 1853 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 1 UNUM, 192 that I last saw h alive on 1980 24 19231,
7 AGE 7 8 yrs. 2 mos. 7 ds. If LESS than I day hrs. or min.? 8 OCCUPATION (a) Trade, profession or Particular kind of work	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: Causes of the Rouse
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs,ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 MAIDEN NAME OF MOTHER (State or Country) 15 MOTHER (State or Country)	Secondary Dugica) yrsds. (Scored) (Scored) *State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
(Informant) Amelia Norwheat (Address) Olentan RFD #	Where was disease contracted, if not at place of death? Former or usual residence IS PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS 11

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife Houseen at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Furner freor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Form laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (a) the kind of work and also (b) the (b) Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feper (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria 'avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Mcasles (disease or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Whooping as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by approved by Committee on (etanus) may be stated under the head of "contributory." American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvulor heart disease; etc. The contributory Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

CORD. Every item of infor-Y. PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ETION is very important. See instructions on back of certificate. UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING M. B.-WRITE PLAINLY, WI

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14021
1. PLACE OF DEATH County	Parietration Diet No. 21
Village or City As Margrato	Registration Dist. No. No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME (a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
or Divorced (awite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of James Label Hordon	22. DELHER SBY CERTIFY That I attended deceased from 193/ to 0050 7 193/
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If LESS than 1 day,	I last saw hard alive on \$32 78 , 1931; death is said to have occurred on the date stated above, at 12,44 Am.
8 Trade profession or particular	The PRINCIPAL CAUSE OF DEATH and related causos of importance were as follows: Date of onset
9. Industry or business in which wask was done, as SILK MILL, SAW MILL, BANK, etc	Senility hudun
10. Oate deceased last worked at this occupation (month and year)	Other Cantributory Causes of importance:
12. BIRTHPLACE (city or town) of Margrelo (State or country) a a co md	Chronic Inferstral 10.184
13. NAME Hamy Stefmen 14. BIRTHPLACE (city or town) 81 margratio Md	rephito
(State or country)	Name of operation Oate of What test confirmed diagnosis? Westhere an autopsy?
15. MAIDEN NAME HENNEMA Stehnen	What test confirmed diagnosis?
15. MAIDEN NAME TENVERSA STEMENT, 16. BIRTHPLACE (city or town) SI margress (State or country) a a leg ma	Accident, sulcide, or homicide? Date of injury, 19, Where did injury occur?
17. INFORMANT James Liftle, (Address) R or B No 2, Box 8	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Broundwack Circle Oate / 1	Manner of Injury
19. UNDERTAKER & ABY arker (Address) 47 Washington Si	24. Was disease or injury in any way related to occupation of deaeased? If so, specify
20. FILEO 13 C 30, 19 31 1 7 6 C 8 Redistrar.	(Signed) Multime faces M. D. (Address) 35 9 orthway of accepts
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. De Surcia

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis JAN 6 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis .	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. 8.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes. Date of quset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	. OHW 9 1937	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURRAU T.	July 5, 1927	Peritonitis	3 days ago	
	Line America				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH County Anne Arundel shoul Village or City wannapolis PHYSICIANS Length of residence in city or town where death occurred ______yrs._____mos._____ds. How long in U.S. if of foreign birth?______ yrs. statement 2. FULL NAME Catherine Josephine Maggio (a) Residence: No. 135 Conduit (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) White CTL Single Female 5a. If marched, widowed, or divorced HUSBANO of (or) WIFE of Œ 6th 6. DATE OF BIRTH (month, day, and year) Nov. properly 7. AGE Months Oavs If LESS than to have occurred on the date stated above. 1 dayhrs or rain. were as follows 8. Trade, profession, or particular CCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ None back may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... NO. Date deceased last worked at On 11. Total time (years) this occupation (month and spent in this occupation ... Other Contributory Causes of importance 12. BIRTHPLACE (city or town) Annapolis. Md. (State or country) in plain terms, FATHER 13. NAME Samuel Maggio New Orleans 14. BIRTHPLACE (city or town) (State or country) be carefully MOTHER important. 15. MAIDEN NAME Rose Binca Italy 16. BIRTHPLACE (city or town) ... OF DEATH (State or country) Where did injury occur?____ Samuel Maggio pluods 135 Conduit Street (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE Manner of injury St. Mary's CAUSE Oate Dec. 9. 1931 mation LION Nature of injury 19. UNDERTAKER John M. Taylor

Annapolis, Md.

(Address)

Registration Dist. No. st. 2nd (If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH YaThat I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset What test confirmed diagnosis?_____ Was there an autopsy?____ 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?_____ Oate of injury_____ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased? If so, specify _ (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	Date of onset 1 week ago 1 week ago 3 days ago
Run over by street car	1 week ago
	-
7 Perilonitis	3 days ago
Other contributory causes of importance:	
3 Gastroenteritis	1 year
2.	

PHYSICIANS should state Exact statement of OCCUPA CORD. Every item of stated EXACTLY. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. AGE should be TION is very important.

V. S. No. 1 m

infor-

STATE	OF	MARYI	AND-CERTIFI	CATE	OF	DEATH
JIAIL		MICHIE	MIND CENTIL		VI	

1	. PLACE OF					25) 14024		
County Anne Arundel						Registration Dist. No.		
	Village or C	ity Cr	ownsvi	lle Sta	te Hospit	6 ND. St., death occurred in a hospital or institution, give its NAME instead of street and number)	Ward	
	Length of resid	dence in city	or town where o	leath occurred	yrs 8 mos	death occurred in a hospital or institution, give its NAME instead of street and number) 7. ds. How long In U.S. If of foreign birth?	ds.	
		area .		h Marti				
2	. FULL NAI				ge's Coun	T. Vo.		
	(a) Residen	ce: No		(Usual place		If nonresident give city or town and State		
	PERSON	AL AND	STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
SEX 1 Single, MARRIED, WIDOWED, OR DIVORCED (Paging the word) Mairied					RIED, WIDOWED, D (write the word) Led	21. DATE OF DEATH December 4th (Month) (Day) (Yea	ir)	
5a. If married, widowed, or divorced HUSBAND of John Martin						22. I HEREBY CERTIFY, That I attended deceased Mar. 27 19 31 to Dec. 4th 19		
6.	DATE OF BIRTH (month, day, a	nd year)	1887		liast saw h.er alive on Dec. 4th 19.31; death i	s said	
7.	AGE Yea	rs	Months	Deys	If LESS than	to have occurred on the date stated above, at 6 Pm.		
	44	1	Unl	nown	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Datager	onset	
OCCUPATION	8. Trade, profes kind of w SAWYER.	ssion, or parti vork done, as BDDKKEEPE	SPINNER, DO	omestic		Epilepsy		
PAT	9. Industry or		hich					
D.	SAW MIL 10. Date decease	L, BANK, etc.		11 Tatal 6	ima (vene			
ŏ	this occu	pation (month	and	sq2	ime (years) nt In this upation			
12.	BIRTHPLACE (cit	ty or town)	Vire			Dther Contributory Causes of importance:		
R	13. NAME	Albe	ert Bal	cer				
FATHER	14. BIRTHPLACE (State or	(city or towr	Virgin	nia		Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?		
ER	15. MAIDEN NA	ME	Rache	Graves	3	23. If death wes due to externel causes (VIOLENCE) fill In also the following:		
16. BIRTHPLACE (city or town) Virginia						Accident, suicide, or homicide?		
17. INFORMANT Hospital Records					femal and	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
(Address) Crownsville, Maryland 18. BURIAL, CREMATION, OR REMOVAL					BLATSUG	Manner of Injury		
	Plece Wa	shine	Non	Date Fro	- 7,1937	Nature of injury		
19. UNDERTAKER Those Francisco (Address) 3 & 9 - 10 11 Give To Williams					2 3 5/1	24. Was disease or injury in any way related to occupation of deceased?		
20,	FILED Tre	5 , 19.	318	76.6	Registrar.	(Signed) (Address) Crownsville West	_M. D.	
		12 to 10 to	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Balismore, Requesting V. S. No. 1.		

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage 1	July 5,1927	Peritonitis	3 days ago	
	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	CBACE FOR	BIIDTHIAD	OT A TEMPONING	DV	DITTOLOLAN
ADDITIONAL	SPACE FUR	FURTHER	STATEMENTS	ві	PHISICIAN

PLACE OF DEATH	STATE OF MARYLAND
County A. County	CERTIFICATE OF DEATH Registration Dist. No. 23
Village or City Linthieum Keight (No. Camp M. 2 2 FULL NAME Delia M. 5	1
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEDOW OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day), (Year) 7 AGE If LESS than I dayhrs. 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer).	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1931, to Death 1931, to Death 1931, and that death occurred on the date stated above, at 1931, and that death occurred on the date stated above, at 1931, and that death occurred on the date stated above, at 1931, and that death occurred on the date stated above, at 1931, and that death occurred on the date stated above, at 1931, and that death occurred on the date stated above, at 1931, and that death occurred on the date stated above, at 1931, and that death occurred on the date stated above, at 1931, and that death occurred on the date stated above, at 1931, and that death occurred on the date stated above, at 1931, and that death occurred on the date stated above, at 1931, and that death occurred on the date stated above, at 1931, and that death occurred on the date stated above, at 1931, and that death occurred on the date stated above, at 1931, and that death occurred on the date stated above, at 1931, and that death occurred on the date stated above, at 1931, and that death occurred on the date stated above, at 1931, and 1931, a
9 BIRTHPLACE (State or country) 19 NAME OF FATHER 14 State Black	Secondary (Duration)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Mary Ann M. Jany 13 BIRTHPLACE OF MOTHER State or country) Selace d	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place In the State, yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Address Surp Meads Alt Twee Oot A) Filed a 12 1231 The Register	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS John Howar For gor Afalluration
if more blanks are needed, address State Registrar.	16 W. Jaratoga St., Balto., Requesting V. S No. 1.

4 4 1. 7. -

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it whitever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At *chool or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal minc, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement (a) Foremun, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or

Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Measles (disease ment of cause of death approved by Committee Nomenclature of the American Medical Association.) ment of cause of head of "eontributory." quenees (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train accident, Revolver wound of head homicide; Examples: as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause "Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsious," symptomatie), "Atrophy," "Collapse," "Coma," "Concausing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid myes, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough, FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) Accidental drowning; Struck by railroay for which surgical operation was under-Chronic valvular heart discase; (Recommendations on state-"Anaemia" by Committee on The na-(second-(merely

If this certificate is locked over thoroughly and all questions answered in detail it will precent further correspondence. All the data is a southfland must be obtained before the certificate is permanently filed.

V. S. No. 1 0

	ST	TATE O	F MARY	/LAND-	CERTIFICATE OF DEATH 14026
1.	PLACE OF DEAT	Н			43-4
	County Ann	e Arund	el		Registration Dist. No.
	Village or City	Annapol	is		No. West Street St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	211				death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2.	FULL NAME	ach Mer	riken		
	(a) Residence No	West	Street (Usual place	of abode)	St., 3rd Ward. If nonresident give city or town and State
	PERSONAL AND	STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. \$	Mala W	or RACE	5. SINGLE, MARI OR DIVORCED Marr	(write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
58.	If married widowed, or divord HUSBANO of (or) WIFE of Emi		lerriken		22. JI HEREBY CERTIFY, That I attended deceased from 1931, to Sec. 28, 1931
6. D	ATE OF BIRTH (month, day,	and year) De	c. 26,	1865	I last sw h Amaliva on Dec 78, 193/; death is said
7. A	GE Years 66	Months	Days 2	If LESS than I day,hrs. ormln.	to have occurred on the date stated above, at 1.30 4. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NOI	8. Trade, profession, or par kind of work done, a SAWYER, BOOKKEEP	rticular s SPINNER,	Retire Engi	d	Myacardial Date of onset
OCCUPATION	9. Industry or business in work was done, as SI SAW MILL, BANK, et	which			
000	10. Data deceased last work this occupation (mont year)	th and	11. Total ti sper occu	ma (years) It in this pation	
12.	BIRTHPLACE (city or town)_ (State or country)	St. Ma	rgarets . Co.,	Md.	Other Contributory Causes of Importance: at the 2 72
ER	13. NAME Frank	lin Mer	riken		
FATHER	14. BIRTHPLACE (city or tow (State or country)	vn)	н. Co.,	Md.	Name of operation. What test confirmed diagnosis? Was there an autopsy?
ER	15. MAIDEN NAME M	ary E.	Boone		23. If death was due to external causes (VIOL ENCE) fill in also the following:
MOTHER	16: BIRTHPLACE (city or tow	vn) <u>A.</u> A	. Co.,	Md.	Accident, suicide, or homicide? Oata of injury, 19
17.	INFORMANT Mrs. (Address) An	Emily napolis	V. Merr	iken	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR RE	emoval luff	Date Dec.	30, 1931	Manner of injury
19.	UNOERTAKER Joh (Address) A	n M. Ta nnapoli	ylor s, Md.	0	24. Was disease or Injury in any way related to occupation of deceased? 10
20.	FILEO Ju 24,1	931 \$2	yhe.	Registrar.	(Signed) TWINS MARLEN M.D. (Address) Quinafarlia M.A.
		If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes	1	Example II	
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis 1332	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE	OF	MADVI	VND-	CERTIFIC	ATE	OF	DEAT	
JIAIL		MAN	AIND	CLIVIII				400

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1	4	6 3		
2	QL.	1 6	1 .	-
X.	mellin.	13	Phone	466

1	. PLACE OF DEATH			9200		
	County			Registration Dist. No.		
	Village or City Crowns	sville S	tate Hos			
	Length of residence in city or town where de	eath occurred	yrs= mos	death occurred in a hospital or institution, give its NAME instead of street and number)		
2	FULL NAME	nk Moor				
		ntgomery (Usual place of	County,	Ward. If nonresident give city or town and State		
(military)	PERSONAL AND STATISTIC	The second second second		MEDICAL CERTIFICATE OF DEATH		
	sex 4. COLOR OR RACE black	5. SINGLE, MARRIOR DIVORCED		21. DATE OF DEATH December 17th (Month) (Day) (Year)		
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown			22. I HEREBY CERTIFY, That I attended deceased from December 4 19 31 to December 17, 19 31		
6. 1	DATE OF BIRTH (month, day, and year)	377		I last saw h im alive on December 17, 19 31; death is said		
-	AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 12: 30 fm, M.		
	54? unkno	wn	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Labore		Failure of cardiac compensation due to aortic stenosis with mitral regurgitation ?		
0	this occupation (month and year)	spant	in this ation			
12.	BIRTHPLACE (city or town) 18 ry (State or country)	rland		Other Contributory Causes of importance:		
ER	13. NAME Sam Moore, d	lead				
FATHER	14. BIRTHPLACE (city or town) Mary (State or country)	rland		Name of operation Date of		
ER	15. MAIDEN NAME Anna (Ur.	known)		What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?		
MOTHER	16. STRTRPLACE (city or town) Mary (State or country)	land		23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?		
17. INFORMANT Hospital Records (Address) Grownsville Harvland				(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
	BURIAL PREMATION, OR REMOVAL	Date 13/1	8 9	Manner of Injury Nature of Injury		
19.	UNDERTAKER (Address)	ingh	rig	24. Was disease or injury in any way related to accopation of deceased?		
20. FILED Registrar.				(Signad) Crownsville, Md.		

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BULEAU V. 8	July 5,1927	Peritonitis	3 days ago
A NO.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. BINDING TION is very important. See instructions on back of certificate. FOR UNFADING INK-THIS MARGIN RESERVED mation should be carefully supplied. AGE should be B.-WRITE PLAINLY, WITH

V. S. No. 1

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STATE	OF	MARYLAND—CERTIFICATE OF DEATH	1 1 1 1 2 5
			13040

1. PLACE OF DEATH	ทสิดใ		<u> </u>
County Allie Allie	TineT		Registration Dist. No. 21
Village or City Crowns vi		(If	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number) . 5dsHow long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME J	ulia Mor	ris	
(a) Residence: No.	altimore (Usual place	City of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE female black		RIED, WIDOWED, D (write the word) D. C. C.	21. DATE OF DEATH December 34th (Month) (Oay) (Year)
5a. If married, widowed, or divorced NUSBAND of (or) WIFE of 1111271	Morris		22. I HEREBY CERTIFY, That I attended deceased from June 19th 1931, to December 24, 1931
6. DATE OF BIRTH (month, day, end year)	1871		Hast saw her alive on December 24, 1971; death is said
7. AGE Years Months	0ays Unknown	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12:20 fm, M. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or parlicular	+¥	ormin.	were as follows: Chronic Interstitiel Replicities
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc		h	2 mos
10. Dete deceased last worked al this occupation (month and year)	sper	ime (yeers) nt in this upetion	
12. BIRTHPLACE (city or town) 17 6 1111 (State or country)	8		Other Contributory Couses of Importance: Chief nic endocarditis 5 mos
E 13. NAME Unkno	wn		
I	nonn		Name of operation Oate of What test confirmed diegnosis? Westhere an autopsy?
15. MAIDEN NAME 18 2 1 181			23. If death wes due to external causes (VIOL ENCE) fill in also the following:
(Stete or country)	Records		Accident, suicide, or homicide?
(Address) 18. BURIAL, CREMATION, OR REMOVAL	742/2/	28/31	Manner of injury
19. UNDERTAKEN Jaiah	PO Brown	n Son	Nature of injury 24. Wes disease or injury in my way related to occupation of deceased?
20. FtLEO. 23. 1. 3. 1.	yu c.f	recy ST Registrar.	(Signed) (Address)
9		************	Control of the Contro

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exam	ple_I	in the second	Example II	
The principal cause of death of importance were as follows		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	OAN 8 18	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DUREAU	July 5,1927	Peritonitis	3 doys ago
	minas n	.2=		
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 yeor

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

John

Julia Horris

(2)

CORD. Every item of infor-Y. PHYSICIANS should state Exact statement of OCCUPA-CORD. Every stated EXACTLY. A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. IS UNFADING INK-THIS AGE should be mation should be carefully supplied. TION is very important. WRITE PLAINLY,

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

STATE	OF	MADVI	AND-	CEPTIE	CATE	OF	DEAT	L
SIAIL	UF	MARYL	ANU-	CERIIF	ICAIL	UF	DEAL	П

1. PLACE OF DEATH			. 14(123	
County Anne Arund	lel		Registration Dist. No. 21		
Village or City Cr OWNS	rille S	Late Hosp	NU	Ward	
Length of residence In city or town where d	eath occurred	(1) yrs6_mos	f death occurred in a hospital or institution, give its NAME instead of street and n 20ds. How long in U.S. if of foreign birth?yrsmo	umber) sds.	
2. FULL NAME Robert	Morton	~ a ~ ~ a a ~ a ~ a a a a a a a a a a			
(a) Residence: No. Brotting	re Man	cyland of abode)	St., Ward. If nonresident give city or town and	State	
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE black	5. SINGLE, MAR OR DIVORCE W1 d0	RRIED, WIDOWED, CD (write the word) We d	21. DATE OF DEATH December 12th (Month) (Day)	, f93 1 (Year)	
5a. It married, widowed, or divorced HUSBAND of (or) WIFE of Unknown		TO ELECT	22. I HEREBY CERTIFY, That I attended of	deceased from	
6. DATE OF BIRTH (month, day, and year)	1876	õ		; death is said	
7. AGE Years Months 55 Unkr	Days D WN	If LESS than f day,hrs.	to have occurred on the date stated above, at 4: 10Pm M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
8. Trade, protession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	Labor		General Paralysis of the Insane	Date of onset	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10: Date deceased last worked at this occupation (month and					
10. Date deceased last worked at this occupation (month and year)	11. Total is spa	time (years) ent in this upation			
12. BIRTHPLACE (city or town) Virgi (State or country)	nia		Other Contributory Causes of importance: Paresis	?	
I 13. NAME Robert	Morton				
13. NAME Robert 14. BIRTHPLACE (city or town) Alaba (State or country)	ıma		Name of operation	utoney?	
15. MAIDEN NAME Elisis	(unknow	vn)	23. If death wes due to external causes (VIOLENCE) fill in also the following		
15. MAIDEN NAME Elisis 16. BIRTHPLACE (city or town) (State or country)	abama		Accident, suicide, or homicide? Date of Injury, f9		
f7.INFORMANT Hospital Re	cords Mary	land	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	:) .CE.	
18. BURIAL, CREMATION, DR REMOVAL	- 12/	6-36	Manner of injury Nature of injury		
19. UNDERTAKER OF R. P. War (Addiess) Water	la ste	wapp	24. Was disease or injury in any way related to occupation of deceased? If so, sp cify	1	
20. FILED 12/16 , 193/	0)470	Registrar.	(Signed) (Address) - Grown s-will be with the second	M. D.	
If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.		

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Example I		Example II	
The principal cause of death and related car of importance were as follows:	uses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
<u> </u>			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	STATEMENTS BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

PHYSICIANS should state CORD. Every item of infor-Exact statement of OCCUPA mation should be carefully supplied. AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT, properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be WI N. B.-WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	14030
County V. OY	Registration Dist. No.
Village or City Castpat	No. St, Ward
Length of residence in city or fown where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mrsmosds.
2. FULL NAME Transpil from	Nay
(a) Residence: No. 56 & Castern V	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (To reach the word) Them - Lead (Market the word)	21. DATE OF DEATH OCC. (Month) (Day) (Yoar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Phassaug	22. I HEREBY CERTIFY. That I attended deceased from Dec. 17, 1931, to Dec. 18, 1931
6. DATE OF BIRTH (month, dey, and year)	Hast saw her alive on Dec 18, 1931; death is said
7. AGE Years Months Days If LESS than 1 day hrs.	to have occurred on the date stated above, at 2 · 30 ml. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance: Ind + 3rd. de gree burn Accidents - Clothing caught fire Name of operation name What test confirmed diagnosis? Clinical Wes there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Translation of Removal (Address) 19. UNDERTAKER (Address) 20. FILED The 20, 1931 Translation	23. If death was due to external causes (VIOLENCE), fill in also the following: Accident, sulcide, or homicide accident. Where did Injury occur? 56 # Gastern and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Hame - Caught fire fram stane Manner of Injury while evolving Nature of injury 2nd + 3nd degree bound 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) J. William Marfine M.D.
Registrar.	(Address) Annapolis Ma.

V. S. No. 1

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E	cample I		Example II	
The principal cause of dea of importance were as follows:	WS:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JAN 6 1932	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	The second second	1931	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago
	A			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				11775

item of rufor-PHYSICIANS Exact statement stated EXACTLY. UNFADING INK-THIS IS A PERMANENT be properly classified. MARGIN RESERVED FOR BINDING AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAINLY,

V. S. No. 1

ż

TION is very important. See instructions on back of certificate.

OCCUPA-

Jo

STATE OF	MARYL	AND-CE	RTIFICA	ATE	OF	DEATH
----------	-------	--------	---------	-----	----	-------

1. PLACE O	F DEATH			<u> </u>	14031
County	<u> </u>			Registration Dist. No	21
Village or (City nnapol:	is. Hd.		No. Third	St., 3 Ward
tonah of soo		double assumed	1	death occurred in a horpital or institution, give its NAME instead of st	
	sidence ity or town where	death occurred	yrsmos		
2. FULL NA	ME Man II	iehunl			
(a) Reside	nce: No.	(Usual place	ooklyn.	St., Ward. If nonresident give city or t	town and State
PERSON	NAL AND STATIST			MEDICAL CERTIFICATE OF DE	
3. SEX	4. COLOR OR RACE		RRIED, WIOOWED.	21. DATE OF DEATH	
TO A	White	OR DIVORCE	D (write the word)	Selember 12,	, 193/
5e. If mained, wido		1200	Or Or	(Month) (Oay)	(Year)
HUSBAND of (or) WIFE of	John D.	Tiobuhi		22. / I HEREBY CERTIFY, That I	
(41) 1112 41	O CILL AZ	Tebrair	9	Allo-(1971, to Klie!	19.3/
6. DATE OF BIRTH	(month, day, and year)	Mov 6t	h 1854	I last saw h_ ev_ alive on \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, 19_2/; death is said
7. AGE Ye	ears Months	Days	If LESS than	to have occurred on the data stated above, at 5:304-m.	
77	1	1 7	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importa	Date of onset
Z 8. Trade, profe	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc			1 Collewoseleskin Caraco	- 9cm 1920
SAWYER				· Mascular deser	····//
9. Industry or work with SAW MID 10. Data decea	business in which as done, as SILK MILL, ILL, BANK, etc			Chronic replicitis : six months.	
O 10. Data decea	sed last worked at	11. Total	time (years)	Cws.R.	
- 11110 000	upation (month and		entin this		
	derr	any		Other Contributory Causes of importance:	Sec 11/192
12. BIRTHPLACE (c) (State or con	city of town/			y want , or	
13. NAME	Unknown				
Ħ T	7	Inknewn		Name of operation USC	Data of
(State of	CE (city or town)	144		What test confirmed diagnosis? Wes	//
15. MAIDEN N	AME IInich	norm		23. If daath was due to external causes (VIOLENCE) fill in also the	
E	71.7			Accident, suicide, or homicide? Oete of injur	
Stata o	CE (city or town)MIT			Where did injury occur?	
	The Charles	a C Toi	מינית	(Specify city or town, count Spacify whether injury occurred in INOUSTRY, in HOME, or in PI	
(Address)	Mrs Charles	d			
	ATION, OR REMOVAL		3.0	Manner of injury	
Plece	ooklyn, Hall	Dete De C	1924	Nature of injury	
	P. T. Hosy	ning.		24. Wes disease or injury in any way releted to occupation of dece	eased? hr
19. UNOERTAKER _ (Address)	annapol	16, 10.		If so, specify	
00	c, 12 1031 fm	as b. C.	In a 24	(Signed) Mouth audgism	,
20, FILEO	7.1.5., 199.1		Registrar.	(Ardress) Cumufle Ul	V

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example IVED		Example II		
The principal cause of death and related causes of importance were as follows: 6 1932	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis R. P. A II V 8	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

	1, PLACE OF DEATH	CERTIFICATE OF BEATTI
		(85)
	County Anny Arunder	Registration Dist. No. 43
	Village or City Kelly Sty	No. The Kally Flack St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	,	death occurred high hospital of insystation, give its tVALVIE instead of street and number)
	2. FULL NAME COlvin Oden	
		y solfa Ward. Md
	(Usual place of abode)	If nonresident give eity or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	Male Place OR DIVORCED ("write the word)	(Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of	
	(or) WIFE of Sull	22. I HEREBY CERTIFY, That I attended deceased from
	25 Na - 1916	I last saw h alive on 19 death le said
are	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays It LESS than	I last saw h; death is said to have occurred on the date stated above, atm.
	/ 5 // 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
certincate	8. Trade, profession, or particular	were as follows:
10	kind of work done, as SPINNER,	epitagori
		Chrane D.
раск	3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Coram Lal
100	Date deceased last worked at this occupation (month and spankin this	Died Shiddent in all
2112	year) occopation	Other Contributory Causes of importance.
CLIC	12. BIRTHPLACE (city or town) Ame & Tundel, Co	
רומ	(State or country) Mary and	*
Instructions	13. NAME Ban Oden 14. BIRTHPLACE (city or town) Anne Argendel So	
aac	4. BIRTHPLACE (city or town) Anne of rundel so	Name of operation Oate of Oate of
2	(State or country)	What test confirmed diagnosis? Was there an au opsy?
1111.	I to 1 15. MAIDEN NAME TO SEE THE TOTAL TO SEE	23. If death was due to external causes (VIOLENCE) fill in also the following:
un por tant	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19, 19
i,	(State or country) / Maryland	Where did injury occur? (Specify city or town, county and State)
	17. INFORMANT PLEN Office	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
very	18. BURIAL, CREMATION, OR REMOVAL A	TO TO
2	Place Jumes Margate Dec. 15, 1931	Manner of Injury
11011	O O O	Nature of injury 2000
11	19. UNDERTAKER Jacoh & Brow Sons	24. Was disease or injury in eny way related to occupation of deceased?
-	(Address) 108 a monty omen of	If so, specify
E	20. FILEO. Dec 14, 1931 Caldwell Woodsuff	(Signed) Call Will Wood Their M.D.
	Refision.	(Ardress) finthellen by
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

should state

CORD. Every ite

AGE should be stated EXACTLY.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY, WI

N. B.

UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

tem of infor-

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Example I		Example II	
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Arterioselerosis , S	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	ALL ET
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH 14033

1. PLACE OF DEATH	108
County a a	Registration Dist. No. 27
Village or City amabolit mo	No. Errer glessey Hospital Ward
1 10 (1	f death occurred in a hornitator institution sive its NAME instead of street and number)
Length of residence in city or fown where death occurred	s d
2. FULL NAME Gessl. a Pape	ham f
(a) Residence: No. 306 West	St., 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	21. DATE OF DEATH Sec. 4 193 / (Year)
5a. If married, widowed, or divorced	(month) (bay) (roat)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Am 6 - 1929	901. 25 , 193 , to total . 1 , 1831
	I last saw h 193 ; death is said to have occurred on the date stated above, at 59 m.
7. AGE Years Month's Daya If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 / 0 2 y ormin.	were as follows: Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Labor Pneumanis 11/25/2
	Javar V-neumania /2/3,
work was done, es SILK MILL, SAW MILL, BANK, etc.	
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
Compatite ma	Other Contributory Causes of Importance
12. BIRTHPLACE (city or town)	my rearried 1/1/3
13. NAME level a Popham de	- Swaffier of
Ξ // // Λ	nane
(State or country) Mayo - marsler	Name of operation
15. MAIDEN NAME leathern Halrig	23. If death was due to external causes (VIOLENCE) fill in also the following:
=	Accident, suicide, or homicide? Date of injury 19
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
Marie a Rollan	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Anna about on	- opens, motive tillary occurred in modern, in nome, or through reads.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place bedan Bliff Date /- 19	- Nature of Injury
Bot Hopping	24. Was disease or Injury In eny way releted to occupation of deceased?
19. UNDERTAKER (Address) Ann of the Land	If so, specify
1.41 10 24	(Signed) J. Willia Martine, M.D.
20. FILED Registrar.	(Ardross) Annafolie, Ma.
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting V. & No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	. †	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II		
The principal cause of importance were a	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	JAN 6 1432	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	BUREAU VE	July 5,1927	Peritonitis	3 days ago	
Other contributory ca	uscs of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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CORD. Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING certificate. AGE should be See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF DEATH		23	
	County Anne Arundel	•••••	Registration Dist. No.	
T	Village or City Crownsvill	e Stale Hospi	talNo. St.,	Ward
	Length of residence in city or town where death	occurred yrs 1 mos	death occurred in a hospital or institution, give its NAME instead of street and u. ds. How long in U.S. if of foreign birth?	umber)
L,	. FULL NAME Will	liam Scott		
		Large, Baltimo	rest.City Ward.	
eminutes		(Usual place of abode)	If nonresident give city or town and S	itate
2	PERSONAL AND STATISTICAL SEX 4. COLOR OR RACE 5. S	INGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
3.		OR DIVORCED (write the word) Single	The samples and	193 1 (Year)
5a.	If married, widowed, or divorced HUSBAND of		22. I HEREBY CERTIFY, That I attended do	annual from
	(or) WIFE of		October 12 1931 to December 2	
6.	DATE OF BIRTH (month, day, and year) 1911	· untroun	Hast saw h im alive on December 2nd1931;	
7.	AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 8: 154 m	
	20	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:	Date of onset
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, P. 1. SAWYER, BDOKKEEPER, etc.	nter	Pulmonary tuberculosis	2
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
20	10. Date deceased last worked et	11. Total time (years)		
0	this occupation (month end year)	11. Total time (years) spant in this occupation		
12.	BIRTHPLACE (city or town) South	Carolina	Other Coutributory Causes of importance:	?
ER	13. NAME Benjamin	Scott, dead		
FATHER	14. BIRTHPLACE (city or town)SO	uth Ceroline	Neme of operation Dete of What test confirmed diagnosis? Was there an eu	itoney?
ER	15. MAIDEN NAME Memi	e (Unknown)	23. If death was due to external causes (VIDLENCE) fill in also the following:	
MOTHER	16 BIRTHPLACE (city or town) Sout	h Carolina	Accident, suicide, or homicide? Date of injury	, 19
Σ	(State or country)		Where did injury occur? (Specify city or town, county and State)	
	INFORMANT Hospital Recor (Address)/ Crownsville		Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	ĆE.
18. BURIAL, OFEMATION, OR REMOVAL			Manner of injury	
Place Date Date 19			Nature of injury	
19. UNDERTAKER N. P. W wele sode Duft			24. Was disease or injury in any way related to occupation of deceased?	4
	(Address)	7/1-	(Signed)	11/20
20.	FILED. 19	Registrar.	(Address) Crownsville Md	M. D.
	If more blank	s are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	7000

-WRITE PLAINLY, WI

TION is very important.

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E	Example I	,	Example II		
The principal cause of des of importance were as follows:	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	JAN 6 1932-	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V.		July 5,1927	Peritonitis	3 days ago	
		1-1			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastrocnteritis	1 year	

PHYSICIANS should state Exact statement of OCCUPA . Every item of stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	120
1. PLACE OF DEATH	(106-00)	(101)
county Unine Urundel	Registration Dist. No.	0
Village Dr City Churchlon	ND	Ward
(If Length of residence in city of own where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and models. ds. How long in U.S. if of foreign birth?	
1. 0900 0'		3
2. FULL NAME Sarah Collen Din	mono	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
tem while married	(Month) (Day)	, 193/ (Year)
5a. If married, widowed, or divorced HUSBAND of Robert H Summons	22. I HEREBY CERTIFY, That I attended Nov 24 19.3/ to Nov 3.0	doceased from
6. DATE OF BIRTH (month, day, and year) Lee 2 1848	N	: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 A m.	, 00011113 3010
82 11 29 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEPER, etc	acute Bronohilis	Work
9. Industry or business in which	news stonemis	Nov 18
work was done, as SILK MILL, SAW MILL, BANK, etc		7.19.1.2.2
		1931
your)	Other Coatributory Causes of importance:	
12. BIRTHPLACE (city or town) Annu Mundel to Ma		-
E 0 60	N	-
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an a	utoney?
15. MAIDEN NAME CAroline Lyles	23. If death was due to external causes (VIDL ENCE) fill in also the following	
15. MAIDEN NAME Paroline Lyles 16. BIRTHPLACE (city or town) Line Unundel Co	Accident, suicide, or homicide? Date of injury	
S (State or country)	Where did Injury occur?	
17. INFORMANT Bryson (Mod. (Address) Leele Md.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	ACE.
18. BURYAL, CREMATION, OR REMOVAL	Manner of injury	
Place It James Church Date Lee 2 ,193'	Nature of injury	
19. UNDERTAKER J. A. Hardeslig	24. Was disease er injury in any way related to occupation of deceased?	No
(Address) Galesville / Hd	If so, specify	
20. FILED Lee 1 , 1931 Ges Thenh M. D. Registrar.	(Signed) Tevy i Ight (Address) Churchlon Md	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PLAINLY, W. H UNFADING INK-THIS IS A PERMANENT SCORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of QCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING N. B.—WRITE PLAINLY, W

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	75) 14037		
County assor aundel	Registration Dist. No.		
Village or City Duny (1000 Me)	No. St, Ward		
Length of residence in city or town where death occurred yrs2mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Jam. Ch mills			
(a) Residence: No. Do not Punn	St., Ward,		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male 4. COLOGO OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write) the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from		
Ac not he well	, 19 , to , 19 , 19		
7. AGE Years Months Oays If LESS than	I last saw h alive on, 19; death Is sald to have occurred on the date stated above, et		
alout 47 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:		
8. Trede, profession, or particular kind of work done, as SPINNER, was SAWYER, BOOKKEEPER, etc	multer Bolochal		
work was done, es SILK MILL, — aw Mul. SAW MILL, BANK, etc 11 Total time (years)	POQ.		
10. Date deceased lest worked at this occupation (month and year) 11. Total time (years) spant in this 2 2n will	1 0 meoning		
12. BIRTHPLACE (city or town) Son of Kenn	Other Contributory Canses of importance;		
(State or country)			
13. NAME Sto not drund			
13. NAME NOT brush 14. BIRTHPLACE (city or town). I not know.	Name of operation		
(State of country)	What test confirmed diagnosis? Wes there an eutopsy?		
15. MAIDEN NAME NO hot Russ	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIOEN NAME TO NOT RUMP 16. SIRTHPLACE (city or town) To MAT Kning	Accident, sulcide, or homicide? Oate of injury, 19		
(State or country)	Where did Injury occur? (Specify city or town, county and State)		
17. INFORMAN CON THURSE	Specify whether Injory occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place	Nature of injury		
19. UNDERTAKER Collect J. Word	24. Was disease or injury in any way releted to occupation of deceased?		
20, FILED. 12/24 19-21 D.D. Clay 100	(Signed) I ham John Hall 3 M. D.		
Vep heef Registrar. If more blanks are needed, address State Registrar.	(Address) Takey Landing Ma		

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

TARGIN RESERVED

1. PLACE OF DEAT

arrendel Country Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? Length of residence in city or town where death occurred (a) Residence: No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a If married widowed or divorced HUSBAND of EBY CERTIFY. Thet Lattended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE 13 or min. Date of onset 8. Trade, profession, or particular OCCUPATION kind ot work done, as SPINNER. SAWYER, BOOKKEEPER, etc Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc..... Date deceased last worked et 11. Total tima (years) this occupation (month and spant in this occupation . Other Contributory Canacs of importance 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town (State or country) What test confirmed diagnosis?_____ Wes there an autopsy?____ MOTHER 15. MAIDEN NAME 23. If deeth was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury____ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR Manner of injury Neture of injury 24. Was disease or Injury in any way related to occupation 19. UNDERTAKER (Address) if so, specify Registrar.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: RECEIVED Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Peritonitis Cerebral hemorrhage Julu5.1927 S days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 wear

MARGIN RESERVED FOR BINDING UNFADING INK—THIS IS A PERMANENT N. B.—WRITE PLAINEY, W

	OI MARILAND	-CERTIFICATE OF DEATH 1403	39
1. PLACE OF DEATH		2	1
County CC C		Registration Dist. No.	
Village or City Comment	apole	No. St., (If death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
Langth of residence in city or town	hare death occurredyrsn		
2. FULL NAME	Inland &	mille	
(a) Residence: No. 32	wiso	St. Ward.	
	(Usual place of abode)	If nonresident give city or town and S	tate
	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RAC	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193/ (Year)
5a. If married, widowad, or divorcad HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY, That I attended do	
6. DATE OF BIRTH (month, day, and year)	12ec 16/31	I last saw h aliva on 19	
7. AGE Years Mon		to have occurred on tha data statad ebove, atm.	
	1 day, h	ware as follows:	0-4
8. Trade, profassion, or particular kind of work done, as SPINNE	P	forteno-t	Oate of onset
SAWYER, BOOKKEEPER, atc		- full vom	
SAWYER, BOOKKEPER, atc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc		- Jan	
Date decaased last worked at this occupation (month and	11. Total time (years) spent in this	in flys cen	
year)	occupation	Other Contributory Causes of importance;	
12. BIRTHPLACE (city or town)		Other Contributory Causes of Importance.	
(State or country)	files one		
13. NAME Track	u-A.Mmelb		
14. BIRTHPLACE (city or town)		Nama of oparation Date of	
ce	a. co com	What test confirmed diagnosis? Wes there an au	'opsy?
T 15. MAIDEN NAME	ra foor	23. If daath was due to external causes (VIOL ENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	S- 00 m	Accident, suicide, or homicide?	, 19
V	· 4 1/ 1-08	Whara did Injury occur? (Specify city or town, county and State) Spacify whathar Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAC)
17. INFORMANT (Addrass)	lis mi	Spaciny whether injury occurred in thousand, in nome, or introducto FEAC	, E.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place of Conner &	Oate N - 16 ,193	Nature of injury	
19. UNDERTAKER B	foppinia	24. Was disease or injury in any way related to occupation of dacaasad?	
(Address) anna	oll one.	If so, spacify Q	
20. FILED 16 , 19 3 /	Joseph C. Joy a The Registrar.	(Signed) frag 4 E. Try ce (Madrass) Cumpy of the	A MY
1	<u> </u>	17, 24xx N. Charles Street, Balsimore, Requesting V. J. No. 1.	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of dear of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerasis		1915	Attack of epilepsy	1 week ago
Chranic interstitial nephritis	JAN 6 1932	1921	Run over by street car	1 week aga
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days aga
	BUREAU V.	6.		
Other contributory causes	of importance:	May 1 1020	Other contributory causes of importance:	
Uatistones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B. PHYSICIANS should state

of OCCUPA.

Exact statement

properly classified.

be of

CAUSE OF DEATH in plain terms, so that it may

certificate.

See instructions on back

TION is very important.

20. FILEO fre/6, 193/8

item of infor-

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S	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH 14640		
1. PLACE OF DEAT	ГН			(1948)		
CountyAA				Registration Dist. No. 27		
Village or City_So	uth Riv	er		No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and oumber)		
Length of residence In ci	ity or town where	death accurred	(If	f death occurred in a hospital or institution, give its NAME instead of street and oumber) s		
2. FULL NAME						
(a) Residence: No		(Usual place	of obode)	St., Ward. If conresident give city or town and State		
PERSONAL AN	D STATIST		The second secon	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLO	R OR RACE		RIED, WIDOWED. D (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If marriad, widowad, or divorced HUSBANO of (or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day	v. and year) Ju	ne 8th	1916	I last saw h alive on		
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated abova, at		
15	6	6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:		
8. Trada, profession, or pa	articular AC COLNNER			Date of onset		
SAWYER, BOOKKEE	PER, etc.			Frankrid Skull		
9. Industry or business in work was done, as S	SILK MILL.					
SAWYER, BOOKKEE 9. Industry or business in work was done, as SAW MILL, BANK, e Data deceased last wor this occupation (mor yaar)	rked et nth and	span	ime (years) nt in this upation	Tree falling in fim at South		
12. BfRTHPLACE (city or town). (State or country)	A. A.	Со		Dther Contributory Causes of importance:		
13. NAME	Richard	Spick	nell			
13. NAME Richard Spicknell 14. BIRTHPLACE (city or town) A. A. Co (State or country)				Name of operation		
15. MAIDEN NAME	ettie A	cavith		23. if death was dua to axternal causes (VIOL ENCE) fill in also tha following:		
16. BIRTHPLACE (city or town) (Stata or country)				Accident, suicide, or homicide? Date of injury, 19		
17. INFORMANT Nettie Spicknell (Address) Annapolis Id				Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL				Mannor of injury		
Placa It Zion Oate Dec 17, 1931			2 17.,1971	Natura of injury		
19. UNDERTAKER	napolis	oning.		24. Was disease or injury in any way related to occupation of deceased?		

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ruccia;	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	10.21	Run over by street ear	1 week ago	
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		CHEMICS III		

MARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT COR

V. S. No. 1

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PHYSICIANS should state of OCCUPA-Exact statement stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. AGE should be supplied. mation should be carefully TION is very important. -WRITE PLAINLY.

STATE OF MARYLAND-CERTIFICATE OF DEATH 1404

1. PLACE OF DEATH			(97)		
County Arme Arminde	1		Registration Dist. No. 2	1	
Village or City Crownsy	lle Sta	te Rospit	Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
			1.6.ds. How long in U.S. if of foreign birth?yrsm		
2. FULL NAME SETER	1 Etewart	5			
(a) Residence: No. Belti	more Cit	y Maryl	Ward. If nonresident give city or town and	l State	
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Temple black married			21. DATE OF DEATH December 27th (Day)	., 193 7	
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of (The rles Stewart			22. I HEREBY CERTIFY. Thet I ettended deceased from April 11th,1930 to Dec. 27th,19-31.		
6. DATE OF BIRTH (month, dey, end yeer)	1879		I last saw h. Q.2. alive on		
7. AGE Years Months 53 Uni	Deys	If LESS then 1 dey,hrs. ormin.	to have occurred on the date stated above, at	Date of onset	
9 Trade profession or postigular			Gerebrel-br-ber-iosoler-osis		
S. Trade, Profession, or perturber of the kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc				-	
10. Dete deceesed lest worked at this occupation (month and yeer)		me (years) It in this petion			
12. BIRTHPLACE (city or town) IET Land (State or country)			Other Contributory Causes of importence:		
E 13. NAME Charles I	lawkins				
13. NAME Charles Howkins 14. BIRTHPLACE (city or town) 12. 2.y-1.211d (Stete or country)			Neme of operation Dete of Whet test confirmed diagnosis? Was there an		
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 17. INFORMANT (Address) (Address) (Crown Syille (Address)			23. If death was due to externel ceuses (VIOL ENCE) fill in elso the following Accident, suicide, or homicide? Dete of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	g: ,19	
18. BURIAL, CREMATION, OR REMOVAL Makeum Calvary Dete Set 3/2/, 198/.			Manner of injury		
19. UNDERTAKER seph y Levely (Address) & g - n. mount st. Balkenori. md			24. Was disease or injury in any wey related to occupation of deceased? If so, specify (Signed)	d	
20. FILED 9 25 , 1931 5	my G.C.	Registrar.	(Address) 220 11 av 11 e Md		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I The principal cause of death and related causes Date of onset of importance were as follows:			Example II	
			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	heilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 6 1932	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. B.			
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	**	

Sereh Stewert admitted April 11th, Died Dec. 27th, 1931

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CORD. Every item of infor-PHYSICIANS should state of OCCUPA. Exact statement mation should be carefully supplied. AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. be CAUSE OF DEATH in plain terms, so that it may -WRITE PLAINEY

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Crue Crundal	Registration Dist. No. 2-3
N. J.	No. How thorus Rose Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James Edward Jal	Bott fr
(a) Residence: No. withicum Haplets	St., Ra CHOR. Mad.
(Usua/place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DTYORCED (1470) the word) SINGLE (1470) the word)	21. DATE OF DEATH De (193/ (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY. That I ettended deceased from
(or) WIFE of	Ac. 12 1936 to Acc. 16. 1931
6. DATE OF BIRTH (month, day, and year) Oct 24 1928	Hast saw h Lina alive on Dec. 16, 1931 : death is seid
7. AGE Years Months Oays If CESS than	to have occurred on the date stated above, at 5A-m.
3 / 25 i day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Endocarditis (choute) Jan 193
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month end	
this occupation (month end spant in this year) ccupation	
B. 070	Other Cootributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Ret hall to Domesia
	July July (Silve and) 1931
E Bath	N
[14. BIRTHPLACE (city or town)	Name of operation Dete of Was there an autopsy?
15, MAIOEN NAME Gladdess Drumbar	What test confirmed diagnosis?
15. MAIOEN NAME Gladdess Dumbar 16. BIRTHPLACE (city or town) Wast Va.	Accident, suicide, or homicide? Date of injury
State or country)	Where did injury occur?
17. INFORMANT DA Vavees Talbott	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Linthicum Ifght	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place I alle nord Date NEC 195/	Nature of injury
19. UNDERTAKER William Cook	24. Wes disease or injury in any wey related to occupation of deceased? My
(Address) 1217 St Paul Street	If so, specify
20. FILED De 2 19 Caldreyell Woodhull	(Signed) Those M. Machy M. D.
Registrat.	(Address) 735 2 letter flace

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
TORRAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state Every item of infor-OK OCCUPA. Exact statement stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be pe CAUSE OF DEATH in plain terms, so that it may B.—WRITE PLAINEY

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 1404.	3
1. PLACE OF DEATH County Sund Sundel	Registration Dist. No. 2	
Village or City Chlen (1)	NDSt.,St., f death_occurred in a hospital or institution, give its NAME instead of street and numb	Ward ber)
Length of residence in city or town where deeth occurred yes more	g. ds. How long in U.S. if of foreign birth?yrsmos	ds.
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Sound of the second of the secon	21. DATE OF DEATH (Month) (Day) , 19:	(Year)
5a. If married, widowed, or divorced HUSBAND ot (or) WIFE of	22. I HEREBY CERTIFY, That I attended dece	eased from
6. DATE OF BIRTH (month, day, end year) Jan 18 1931	l last saw ha alive on Lee 8 ,193/; de	
7. AGE Years Months Days If LESS than I day. his.	to have occurred on the date stated above, et	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER ROUKKEPEPE atc.	Da	te otonset
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	Papellary Bronchilis	1931
Date deceased last worked at this occupation (month end year)	7	
12. BIRTHPLACE (city or town) Chunchon (State er country)	Other Contribotory Causes of importence:	
13. NAME albert Thompson		
14. BIRTHPLACE (city or town) Churchlin	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? Was there an eutop	osy?
15. MAIDEN NAME Goldge Thompson 16. BIRTHPLACE (city er town) Churchfur (State or gountry)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Albert Thompson (Address) Okuschlon Ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Franklin Gum. Date See 9 , 193	Manner of injury	
19. UNDERTAKER / G: Hardeslej (Addiess) Galerolle	24. Wes disease or injury in eny way related to occupation of deceased? My)
20. FILED Dea 8 , 1951 Les To Deah Registrar.	(Signed) Led, Is Dent (Address) Churchlow Ma	M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURRAU V. S	l l			
Other contributory causes of importance:	-	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSI-

PLACE OF DEATH	STATE OF MARILA
- Unus Chundel	CERTIFICATE OF DE
County County County County	Registration Dist. No.
Village or City (No.	St: Ward) If deat a hospite
2 FULL NAME Elizabeth &	VEissondanger ton, give stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT
3 SEX 1 COLOR OR RACE 5 SINGLE, 40 AAA. A	16 DATE OF DEATH
fluale White WHOWED OR DIVORCED (Write the word)	(Month) (Day) 17 I HEREBY CERTIFY, That I attended the
6 DATE OF BIRTH	Dec. 1 1931 Dec.
por 9 861	that I last saw h W. alive on
(Month) (Day) (Year)	and that death occurred on the date stated above, at
7 AGE If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
yrsgmosdsor min.?	Constant Newswart
8 OCCUPATION (a) Trade, profession or Arthur William	COUNTY TRACTITION
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yr
9 BIRTHPLACE	Contributory Secondary
(State or country fourty whome	D Oyation 75 YES
10 NAME OF FATHER TO SOUTH NOT AND AND ALL	(Signed)
2 11 BIRTHPLACE	Well 5, 1931. (Address). Facultie
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN VAME	*State the Disease Causing Death, or, in d Violent Causes, state (1) Means of Injury: and Accidental, Suicidal or Homicidal.
a cly alach They	18 LENGTH OF RESIDENCE (For Hospitals, Institutes, or Recent Residents)
13 GIRTHPLAS Swetzerland	At place In the of death yrs mos da, State,yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Wyssempapsky	Former or usual residence
(Addres) Gunballe	Curl 1 God - Jambril 12/
Filed 1963 Registrar	PUNDERTAKER - ADDRES
- AR	. 16 W. Saratoga St., Balto., Requesting V. S No. 1
weekle	

14044 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. ...

If death occurred in a hospital or institu-ion, give its NAME in-...... Ward)

	MEDICAL	CERTIFIC	ATE OF	DEATH	
16 DATE	OF DEATH	(Mon	ee.	4,	19 3 /
		193./., to	10	ed the dec	,
and that	death occurred	on the date		ove, at	
The CAU	0	bral d		Thag	E
	ibutory On	(Duration		eros	3 de
(Signed)	5 1931	Address	tous	Fylee Exec	osd
·*S Violen Accide	tate the Diseast Causes, state	se Causing (1) Means	Death, or	, in death and (2)	s from whether
At place	rH OF RESID r Recent Resid	ents)	In the	, Instituti	
Where was	disease contracted ce of death?	3 2 p	00+00+0+0+0+0+0+0+0+0+0+0+0+0+0+0+0+0+	en enganeseasceasceá	۵۰۰ ۵۰۰ ۵۰۰ ۵۰۰ ۵۰۰ ۵۰۰ ۵۰۰ ۵۰۰ ۵۰۰ ۵۰۰
	of BURIAL	OR REMOV	AL DA	TE OF B	URIAL

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully cmdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it uature of the business or industry, and therefore an cases, especially in industrial employments, it is neceswhatever, write None. household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborersary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid puenmonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

ary), 10 ds. Never report mere symptoms or terminal Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Howicidal, or State cause for which surgical operation was under-"Puerperal septicucmia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as cau be ascertained as the cause. Always qualify all "Uraemla," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," couditions, such as "Asthenia," "Anaemia" (merely causing death), 29 ds.; Bronchopncumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; miges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Poisoned by earbolic acid-Examples: Accidental drowning; Struck by railway takeu. For violent deaths state means of injury vulsions," "Debility" ("Congenital," "Senile," etc.), Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) Whooping cough; (e. g., sepsis, tetanus) may be stated under the Chronic valvular heart discase; Example: Measles -probably suicide. The naaffection need not be The contributory "Coma," "Con-(second-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

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Exact statement of OCCUPA-

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
EATH		107		

1. PLACE OF DEATH		107-0
County anne arece	edel	Registration Dist. Np. 20
Village Dr City		NDSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsdsds
2. FULL NAME Jenne		& Wilkerson
(a) Residence: No	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX . 4. COLOR OR RACE 5. S	INGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Nee 27 193/
5a. If married, widowed, or divorced HUSBAND of		(1001)
6. DATE OF BIRTH (month, day, and year)	5th 1931	22. I HEREBY CERTIFY. That I attended deceased from
7. AGE Years Months	Days If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, atm, The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	love	no plyserau in allendance
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year)	11. Total time (yeers) spent in this occupation	Dosnible Dericks Vidumous: Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	flaced	-
13. NAME Seury 14. BIRTHPLACE (city or town) Claa (State or country)	rylaced.	Name of operation
	i No.	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) LLL av (State or country)	reglaced	23. If death wes due to external causes (VIDLENCE) fill in elso the following: Accident, suicide, or homicide?
17. INFORMANT Very Ch. (Address) Free	ew Ir and	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Triendship	te	Manner of Injury
19 UNDERTAKER Juny Che (Address) Tree	edsting ned	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED 12/27, 1931 Y)	A Claytor Registrar.	(Signed) (Address) Lothiau 'Ma

UNITED STATES STANDARD CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ogo		
BUE					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	Moy 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 73 (If death occurred in a hospital or institu-... Ward) sion, give its NAME in-Lumber. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH COLOR OF RACEIS SINGLE MARRIED. WIDOWED OR DIVORCED (Write the word) I HEREBY CERTIFY. That I attended the deceased from BINDING that I last saw h Exalive on LO (Day) and that death occurred on the date stated above, at 7 AGE If LESS than The CAUSE OF DEATH & was as follows: I day hrs. OCCUPATION (a) Trade, profession or particular kind of work 6 (b) General nature of industry business, or establishment in impor which employed or (employer)..... Contributory Secondary (Duration)yrs. mos. MARGIN (Signed) 0 . (Address) ENTS tate CAUSE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) leans of Injury: and (2) whether Accidental, Suicidal or Homicidal. (State or country ARI 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate lents, or Recent Residents) In the IS BIRTHPLACE State,yrs......mos of death yrs. mos. ... da. 20 (State or country Where was disease contracted, 3 of if not at place of death?..... shou statement usual residence. DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAT 22 PE Requesting V. blanks are needed, address State Registrar.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."): Lodar pneumonia, Bronchopneumonia ("Pneumonia."

Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all quesstated unless important. Example: Meastes (disease use of "Tumor" for malignant neoplasms); Measles; quences (e. g., sepsis, tctanus) may be stated under the ture of the injury, as fracture of skull, and conseand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerperal septicaemia,""Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid mges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberoulosts of lungs, menment of cause of death approved by Committee on head" of train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. State cause for which surgical operation was undervulsions," Whooping Powoned by carbolic acid—probably suicide. Examples: Accidental drowning; FOR VIOLENT DEATHS STATE MEANS OF INJUBI "contributory." "Debility" ("Congenital," "Senile," etc.) cough; Never report mere symptoms or terminal Chronic valvular heart disease; (Recommendations on state-"Anaemia" Struck by railway "Coma," "Con-(second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence.—All the data is essential and must be obtained before the certificate is permanently filed.

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HYSI-Exact

PLACE	OF DE	ATH			
County	ANNA AR	UNDEL			
illage or City	ANNAP	OLIS	(N	0	
2FU	L NAME	Vinc	ente A	lcald	e Zamora
PERSO	NAL AND	STATIST	ICAL PA	ARTICL	JLARS
SEX	4 COLO	R OR RACE	WIDO	WED.	
Male	Fili	pino	OR DI (Write	the word	Married
DATE OF BIR	тн				
3		April (Month		5th	., 1.899 (Year)
AGE		(Month	,	(Day)	(I ear)
	32	. 8	mos	12 d.	1 day 2 hrs.
OCCUPATION					
(a) Trade, pr particular kin	d of work	Mess	Atten	d 1st	class
(b) General n business, or e	atabliahma	nt in			
which employ	ed or (emp	oloyer)	U.S.N	avy	
State or col	untry)		1.00		
Suri	gao, S	urigao,	P.I.		
FATHER		ente Al	calde	Zamon	a Sr.
11 BIRTHPL	ACE				
OF FATH (State of		Philipp	ine Is	lands	3.
12 MAIDEN OF MOTH	NAME	Not kno			
13 BIRTHPE				119	
OF MOTH	Country).	Philipp	ine Is	slands	3.
THE ABOVE			-		
Clarks	U.S.	Naval	Hosp	Ann	apolis.
(informant	,	To your	_	-	land.
				MOT A	Laliu .

STATE OF MARYLAND

St.: Ward)

CERTIFICATE OF DEATH Registration Dist. No.

(If death occurred in a hospital or institu-

tion, give its NAME in-stead of street and

Annapolis, Md.

number.)
MEDICAL CERTIFICATE OF DEATH
December 17, 1931. 192 (Month) 17 (Day) 193 (Year)
17 I HEREBY CERTIFY, That I attended the deceased from Dec 13th 1931 to Dec 17 , 1931 that I last saw him alive on Dec 17 , 1931
and that death occurred on the date stated above, at 225 ft.m. The CAUSE OF DEATH * was as follows: Carebral Hemorrhage
(lutic origin)
Contributory Sufficient (Duration) O yrs. O mos. O ds. Secondary (Duration) 7 yrs. 10 mos. 29 ds.
(Signed) J. R. Newhouser M. D. 12/17/31.192 (Address) Nav. Hoop Gungalis Med
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place In the of death yrs mos ds.
Where was disease contracted, if not at place of death?
Former or usual residence
Comdt.12th Naval District pre 28:3/
SHILL LEADEL SCO. UNL.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

L. Hopping,

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from laborer, Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusines, that fact may be indicated thus; Furmer (regaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foremon, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH Housemoid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the ,, etc., or At Home, and children, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation not gainfully em-6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature letanus) may be stated under the head of "contributory." Recommendations on statement of cause of death corbolic acid-probably suicide. The n ture of the injury, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondar, or intercurrent) affection need not be stited unless important. Example: Measles (disease 10 ds. Never report mere symptoms or terminal condi-tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Brouchopneumonia (secondary), Whooping cough; Chronie Chronie interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. "Urnemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age, Examples: Accidental drowning; Struck by railway troin-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Atrophy," "Collapse." "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY etc. The contributory valvular heart disease; "Shock, Measles ;

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